MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel by the and 2 death. Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Annapolis Annapolis filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE 123 West Street ON A FARM? YES NO X Anne Arundel General Hospital ක්රී*ි*්රහිත්තාකයට්නෙකුලෙරිර්ය 3. NAME OF Middle Lost 4. DasTE Day Yeer DECEASED OF (Type or print) DEATH BASSFORD 19 James July 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (est birthdey) | Months Days Hours Male WIDOWED May attending physician Than please remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Proprietor Taxi Cab Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 James Bassford Mammie Asquith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelasofservice) removal lian. 214 05 0733 Mrs. Lucy M. Bassford Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH g physicial signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) has been signed to burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), sletting the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [] for OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL After 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) DIRECTOR: After factory, street, office bldg., etc.) Hour e.m. While Not While at work at work 10,1961, that (1) (508) last July (NUCKINGS) attended the deceased from. saw the deceased alive P.M. 6:40 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. UNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James R. Martin Shaw St., Annapolis, Md. 23a, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) Buria] Hillcrest Memorial July Annapodis Md 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FURIERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Annapolis, Md. 15M 9/60 JUL 1 3 '61 arthur & House DATE

within 24 hours after

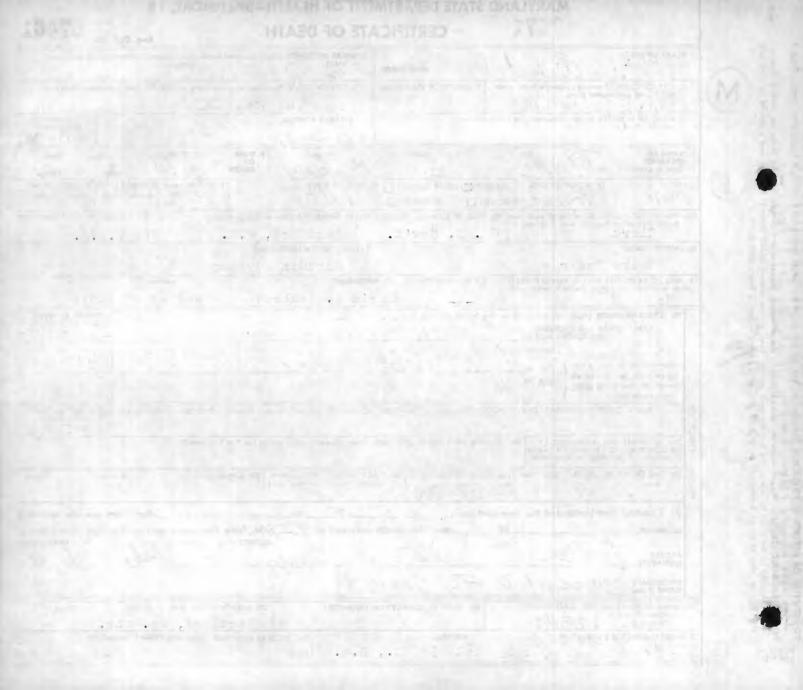
death certificate

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7471	CERTIFICA	TE OF DEATH		Reg. Dist. No. 07461
1. PLACE OF DEATH O. COUNTY Anne arunder	MARYLAND	2. USUAL RESIDENCE (Where		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outsig	e corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS / 6/ S. St.	, N. W.	IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO     NO
3. NAME OF DECEASED (Type or print)	Middle	Bembry .	DATE OF Mohth OLLY	2 Day Year 2
Male Vegroe WIDOWED	DIVORCED	6/2/08	lost birthdoy) A	Onoths Days Hours Min.
	<ul> <li>S. Gov!t.</li> </ul>	TRY 11. SIRTHPLACE (Stole or for Hertford,		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edward Bembrey		Claudia Gu	yther	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St (Yes. no. or unknown) (If yes, give wor or dotes of service)	OCIAL SECURITY NO. 17, 16	FORMANT	Address	1
No		cie L. Bembrey	Same as	#2 above
IB. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	tor (a), (b), and (c).	1 Inforctio	1/2	INTERVAL BETWEEN CONSET AND DEATH LiminafiqTe
Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost.  (b) Turble TO	ertensive	cardio vas	cular diseas	se Geors
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OF CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port	or Part II of Jem 18.)	
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. 19 White of work	Not while loci	CE OF INJURY (Home, form, 2) ory, street, office bldg., etc.)	Of. (City or tawn)	(County) (Stote)
21. I certify that I attended the deceased	from	19	19	that I last saw the deceased
actual Fillerd F	Smith ,		from the causes and RESS (Street, city or lawn, sta	d on the date stated above
PHYSICIAN'S WILLARD	F. SMI,	TH		///
220. BURIAL, CREMATION, REMOVAL (Specify) 7/6/61	22c. NAME OF CEMETERY OR		Nocation (City, town, or a	(0.0.5)
23 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1820 9th St.,	24a. REC'D BY	REGISTRAR 246. REGISTR	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



neerest town)  a. IS RESIDENCE ON A FARM? YES NO 19 61.  IF UNDER 24 HRS. Hours Min.
a. IS RESIDENCE ON A FARM? YES NO 3 Yeer 19 61 IF UNDER 24 HRS. Hours Min.
a. IS RESIDENCE ON A FARM? YES NO 4 Year 19 61 IF UNDER 24 HRS. Hours Min.
Yes NO 3  Yes NO 3  Yes NO 3  Yes NO 3  Hours Nin.
5 19 61.  IF UNDER 24 HRS.  Hours Min.
Hours Min.
F WHAT COUNTRY
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PERFORMED? YES NO
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22b. DATE SIGNE
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MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYL
N.	W 900 W	CEL	TIFICATI	F OF DEA	ΔТН	

1. PLACE OF DEATH O. COUNTY A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A. A. Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SEVERNA PARK  LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEVERNA PARK
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  BENFIELD RD.	BENFIELD RD. C. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LOUIS OLIVE	R BRENAN DEATH JULY 3 1961
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	8. DATE OF BIRTH OCT 14 1889  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?

THINK		DEH	141	D		0	-//
13. FATHER'S NAME EDW. M. T.	BRENT	3N	14. MOTHER'S M		DECoure	Y	
	MED FORCES? 1	S. SOCIAL SECURITY NO. 17.1	ANNIE Z		Address	1	ABou
18, CAUSE OF DEATH [Enter of PART I. DEATH WAS CALL IMMEDIATE	JSED BY:	line for (o), (b), and (c).] Pneumonia	, lobar,	bilate	ral		RVAL BETWEEN ET AND DEATH
350 X Canditions, if ony, which )	DUE TO	Parkinson	ism				
gave rise to immediate cause (a), stating the under- lying cause lost.	DUE TO	Generalize	ed Arter	ioscler	osis		
PART II. OTHER SIGNIFIC	ANT CONDITION	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HETERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19	PERFORMED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while at work of work p. m.

20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

19 53 to July 3 . 1961 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 61 and that death accurred at 1 : MOTAN the causes and on the date stated above saw the deceased alive an JU] 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. MED. STAFF PHYS.

22c. PHYSICIAN'S Francis I. Codd M.D.

22d. ADDRESS Severna Park. Md.

ATORY

23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF	CEMETERY OR CREA
MCVAL (Specify)	7-1 11	1/00	( mull - )
130514	1-6-61	IVELU	ATHEDE

23d. LOCATION (City, tawn, or county)

25b. REGISTRAR'S SIGNATURE

07464

ADDRESS

25a. REC'D BY REGISTRAR DATE JUL 6

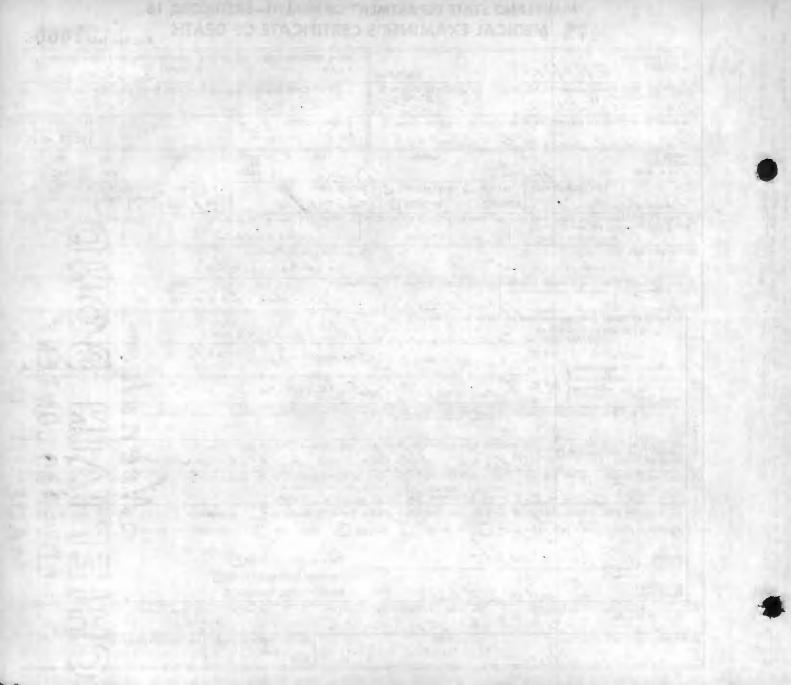
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND baCITY OR TOWN III outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive pearest lown 445 (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DATE Month Day Yeor **PECEASED** OF DEATH make (Type or print) 196/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday] Months Days Hours WIDOWED [ DIVORCED T yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of weeking life, even if retired), U.S.A. Clares U. 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) welled Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12. WAS AUTOPSY PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED \_ 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (State) Not white foctory, street, office bldg,, etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection [ Inquiry . and find that Natural coases . Accident ... Suicide Homicide / Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATURE FRAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lawn, or county) (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) wound S. Firalle DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 106 N.E. Furnace Branch Road YES TO NO IT Month Year 196 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Roby B. Carr, Sr., 106 N.E. Furnace Road INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TI NO TI (County) (Stote) . 1961 that I last saw the deceased M, fram the causes and an the date stated above. 22d. LOCATION (City, town, or county) Baltimore 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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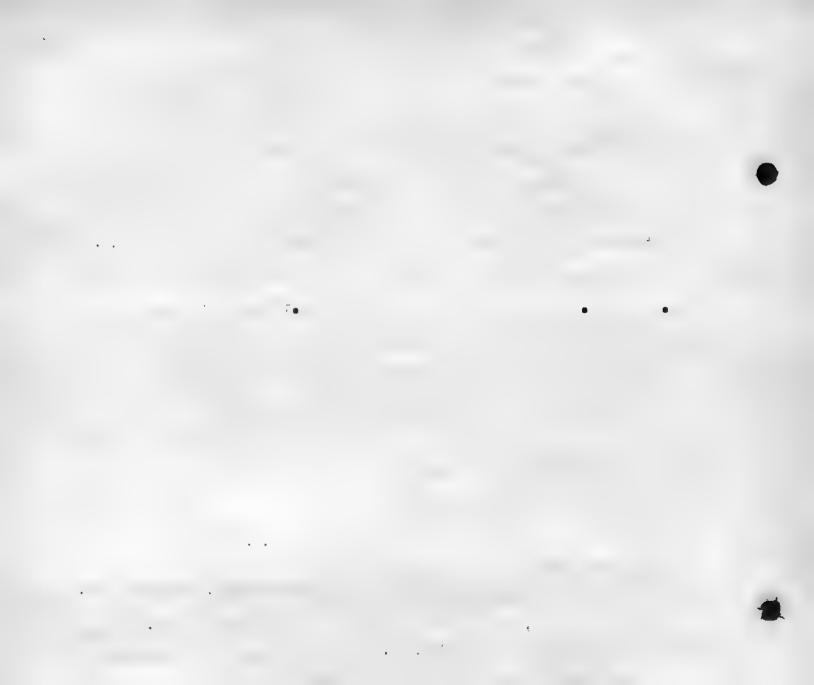


1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	MARYLAND 469
in Tep	CERTIFICATE OF DEATH	
cd leby filled in by the funeration papers. Pages 1 and 2 should rithin 72 hours after dealth.	I. PLACE OF DEATH  a. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate limits, write RURAL end give necrest lown)  Crownsville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)  Crownsville State Hospital  3. NAME OF DECEASED  (Type or print)  5. SEX  16. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  2. USUAL RESIDENCE (Where deceased lived, if inst in six in s	nore City RAL and give neerest lown)  B. IS RESIDENCE ON A FARM? YES NO Year 20 19 61 UNDER 1 YEAR IF JNDER 24 HRS.
ician and ician and ician and ician and ician and ician and	Male   Negro widowed   Divorced   May 15, 1886   75 yrs.	Deys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
g 4g ( )	Stevedore I Alabama II. MOTHER'S NAME III. MOTHER'S MAIDEN NAME	U.S.A.
ding	Riley Carter Rose ?	
PHYSICIAN: The law requires that the hospital or attending physician. his certificate has been signed by the atter for use as the burial-transit permit. Then the prior to burial, cremation, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (Ifyes givawer or dates of service) Unknown Hospital Records  18. CAUSE OF DEATH (Enter only one cause per line for (a), b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate cause (c), stelling the underlying DUE TO  Couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INTERVAL BETWEEN ONSET AND DEATH  IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
rENDING etained by OR: After the detached ept. of Heal	20c. TIME OF INJURY Month, Day, Year Hour s.m. 20d. INJURY OCCURRED While Not While Not While at work at work at work 21.   certify that (i) (this hospital) attended the deceased from 2/26 1952, to 7/20	(County) (State), 19.61 that (I) (we) last
SPITAL OR AT.  Page 4 may be r  NERAL DIRECT or, page 3 should 1  ed with the State D	saw the deceased alive on 7/20 19.61, and that death occurred at 3.304, from the causes and 22s. SIGNATURE  ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. Crownsville State Hosp:	7/20/61 ATE 7/20/61 Ital, Maryland
VR A15 (4)	233 PENAL CREMATION, 23b. DASK THEREOF REMOVAL (Special Special Specia	H



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 7. USUAL RESIDENCE (Where decressed lived, if institution: Residence before edm.ss'on) e. COUNTY **b.** COUNTY Anne Arundel Marvland Anne Arundel MARYLAND b. CITY OR TOWN (if autside corporete lim ts. c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neeres) town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address). d. STREET ADDRESS m. IS RESIDENCE ON A FARM? **Bead on arrival** Weems Creek YES NO X Anne Arundel General Hospital 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) Walter 19 61 COLLISON 6. COLOR OR RACE 7. MARRED THE NEVER MARRIED 8. DAT OF BRITH 9. AGE (In years 'IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours WIDOWED June 4, 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR NOUSTRY 11. BIRT, IP. ACE County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY! done during most of working I fe, even if retired) Retired Painter House Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William James Collison Eugenia Purdy ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetesof service) same as # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ine lor (e), (b), end (c,.] IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. YEN IN PART I(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCR.8E HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 2Da. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc., While Not While Hour a.m. at work at work 22e. SIGNATUR ATTENDING. D RECTOR PHYS. 22d. ADDRESS Cathedral St., Annapolis, Md. 23d. LOCATION (City, fown or county) 1 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, Cedar Bluff Cemetery Annapolis, Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Annapolis. Md. 15M 9/60 JUL 1.3 '61 - Onther of there

ARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institytion: Residence bejoile admission) o. COUNTA MARYLAND deoth, b CITY OF TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 give peorest town) shauld d. NAME OF HOSPITAL (If not yn Nospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NOX E NAME OF 4. DATE Day Year DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS & COLOR OR RACE 8 DATE OF 9 AGE (In years MARRIED NEVER MARRIED Months Hours WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND during mast of work hig life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO 17 INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY RIOJULERO IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (o), stating the underlying couse lost. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e PLACE OF INJURY (Hame, form. 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 1961, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram..... 1961, and that death accurred at 3PM, from the causes and on the date stated above. saw the deceased alive on 20 JUI DIRECTOR: 22a S GNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR 22d ADDRESS 22c NHYSIGHAN NAME (Type) 23b DATE THEREOF 23a. BURIAL CREMATION. 23d LOCATION (City, fown, or county) AL (Specify) 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRES 250 REC'D BY REGISTRAR VR A15 [4] Circlina & Manual 15M 9/\$9



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEVER N AUNA no/15 CURULd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street adoress) d. STREET ADDRESS IS RES DENCE ON A FARM? ANNE ARUNDE zacre 2 YES NO. R NAME OF Middle 4. DATE Month Year (Type or print) ROUSF DEATH 25 196/ 7. MARRIED AL NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days WIDOWED [7] Sune 2-187 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (during most of working life, even if retired)
ret d) Warden A.A.Co., Jail 14. MOTHER'S MANDEN NAME AnnieM. Crouse 13. FATHER'S NAME\_ James H. Crouse 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Ida Crouse, Box 229, Route 1, Severn, Md no none 18. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which) gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED 20a. EXTERNAL CAUSE WAS 20b. DESCRIPE HOW INJURY OCCURED (Enter nature of injury in Part 1 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) at wark at work 21. I certify that Ligak charge of the remains described above, held an Autapsy , Inspection L. Inquiry , and find that Matural causes 1. Accident . Suicide . death resulted fram: Hamicide . Undetermined cause . ACTUAL DATE SIGNE CHIEF MEDICAL EXAMINER SIGNATURI ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER I 22a. BUR AL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 7-28-61 Baldwin Memorial Cemetery, Millersville. Street, Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE Wm - Cook Inc 1217 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE St. Paul VS. ATSME(5) DATE SIN 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 10a, 13 & 14 Film G292 usural residence twhere decessed lived, If institution, Residence before edmiss on PLACE OF DEATH e. COUNTY e. STATE by the and 2 death. Anne Arundel Maryland Anne Arundel MARYLAND by the b. CITY OR TOWN (if outside corporete I mits, C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL end give neerest town) Shadyside RURAL days Annapolis .E \*\* aftı filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ... ve street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO Anne Arundel General Hospital NAME OF M ddle 4. DATE Day Yeer Month paper DECEASED OF (Type or print) DEATH 1961 Katherine CROWNER July and cc carbon 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. 5EX last birthday | Months Days Hours April 5. Female TRRR physician IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE County & Stelle or foreign country) remove I 12. CITIZEN OF WHAT COUNTRY? 9 done during most of working life, even if retired! U.S. Housewife 13. FATHER'S NAME MOTHER'S MAIDEN NAME Richard Scott unknown ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter on y one cause per [ ne for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral hemorrhage due to hypertension davs IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cert.ficale PERFORMED? NO Right hemiplegia 20e. ACCIDENT WAS UNDERLYING Z 20b DESCRIBE HOW NUTRY OCCURED, (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. NJURY OCCURRED 2De PLACE OF NJURY (Home, farm, 2Df., City or town) [County] (Stete) Month, Day, Year 20c. TIME OF INJURY tectory, street, office bldg., etc.) While Not While MEDI Hour e.m. let work el work CIOR: 21. I sertify that (I) (DOCARSON) attended the deceased from July 21, 1961 to July 24, 1961, that (I) (AS) last 24. 1961, and that death occurred at ......M. from the causes and on the date stated above. deceased alive 22b. DATE SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS M D 6. 22d. ADDRESS PHYSICIAN'S NAME (Type) James R. Martin Shaw Annapolis, Md. 23d. EDGATION (City, towny or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify इ० मृ 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR /256. REGISTRAR'S S GNATURE ADDRESS VR A15 [4] 15M 9/60 arthur & Kraut



	7484 Than 9 KERTIFICA	AND RECORDS — BALTIMORE I, MARYLAND ATE OF DEATH	07474
1	PLACE OF DEATH COUNTY A.A. MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence of STATE MD.	e before admission)
	CITY OR TOWN (If outside corporate simits, write RURAL and give nearest town)	C. CITY OR TOWN (If autside corporate limits, write RURAL and gr	ive nearest town)
	or Institution  OR Institution  OR Institution	d. STREET ADDRESS FOREST GLON DR.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Middle MARIE (Type or print) 1-12ABETH MARIE (	CUPPLEMAN BEATH JULY	22 19 41
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY
13	FATHER'S NAME Petonson	14. MOTHER'S MAIDEN NAME	
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or deres of service)	INFORMANT Address Same	
7	gave rise to immediate cause (a), stating the under-lying cause last.	ac decon semahoù Kenet Disease	interval Between Onset and Death 2 Michelles 30 - Grass
FICAT,ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BU  **PART III. OTHER SIGNIFICANT CONTRIBUTING CONTRIB	UT NOT RELATED TO THE TERM!NAL DISEASE CONDITION GIVEN IN PARI  RED. (Enter nature of injury in Part I or Port II of Item 18.)	PERFORMED? YES NO
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e F		aunty) (State
	220. SIGNATURE  B. M. M. Faughlin  22c PHYSICIAN'S	death accurred #150 M, from the causes and on the  ATTENDING MED DIRECTOR STAFF PHYS 22d. ADDRESS	date stated abave
230	BUR.A., CREMAT ON. 236 DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Spec fy)	4 44	(State)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORT	aus. Date JUL 24 '61 Utilun &	

MARYLAND STATE DEPARTMENT OF HEALTH

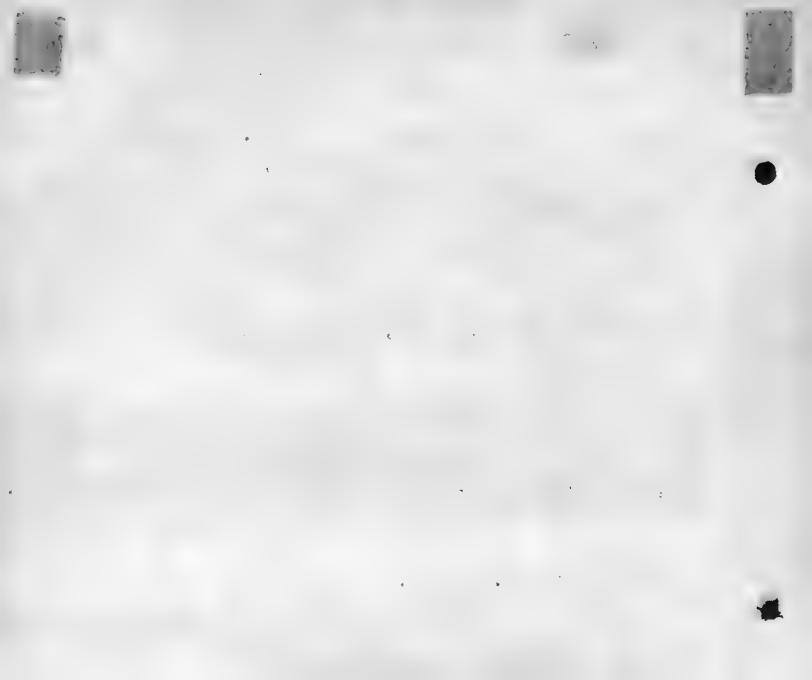


VISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH directar, Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Filed COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Millersville Millersville should d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION 20 R. F. D. 2. Bex 86 YES T NO D. 2 Bex 86 4. DATE NAME OF Middle Month DEATH (Type or print) 1961 27. de IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Days Hours after WIDOWED [7] DIVORCED [7] 71 Jan. 29, 1890 yrs. Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) II. S. Beth. Steel North Carolina Engineer 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Mary Ambrese William Davenpert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Ne 214-03-5084 Mrs. Margaret Davenpert Same 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVA, BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. DUE TO Canditions, if any, which dove rise to immediate DUE TO cause (a), stating the under lying couse last. PAIT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY ofian, PERFORMED? YES NO Z 206. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg, etc.) Haur a.m Wh le Nat while at wark at work p m 19.6. L. that (I) (we) lost 21 I certify that (I) (this hospital) attended the deceased from \_ 1961, and that death accurred a 220/M, from the couses and on the date stated above sow the deceased alive on Ju DIRECTOR 220 MIGNATURE 22b DATE SIGNED DIRECTOR PHYS non 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) Md. orritt 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Spec fy) Glen Mayen Mem. Blen Burnie, Maryland July 31, 1961 Burial 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 4001 Ritchie Hwy. (25) DATE withing & ft 15M 9/S9 . Gence George

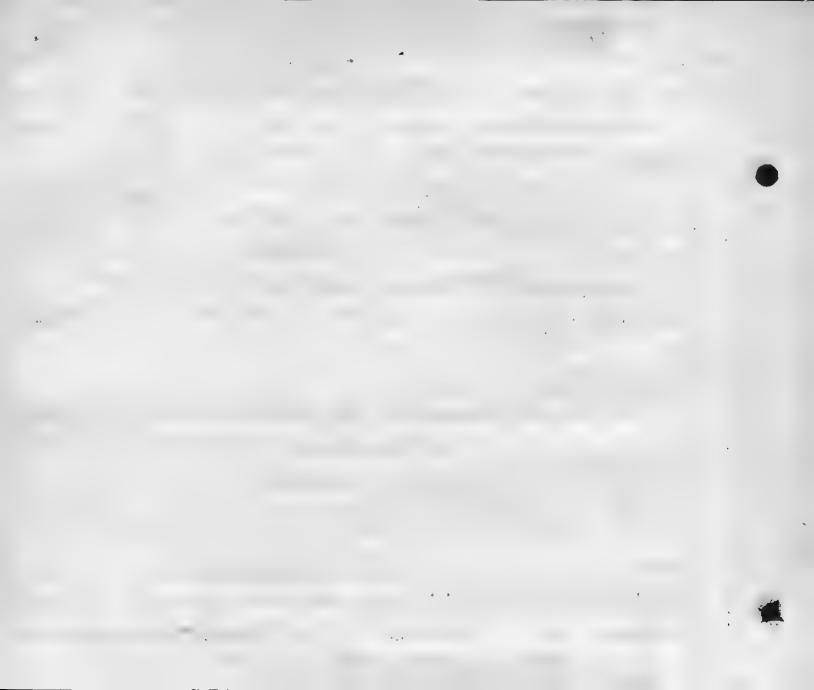


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence but it e. COUNTY Anne Arundel a. SIAIE Marvland b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l.m.ts, write RURAL and give nearest town) director. write RURAL and give nearest town) your Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS ō IS RESIDENCE ON A FARM? Woods, 1/2 mile off Marley Neck Road 2633 E. Chase Street YES NO 3. NAME OF Middla 4 DATE Month DECEASED LONNIE DECATUR Sr. July DEATH [Type or print] 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX 8. DATE OF BRTH 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 57 yrs. Months ! Hours Min. Deys Colored Male WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR NDUSTRY! 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) penatorol 71,5, 17, 13. FATHER'S NAME ecatu DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (If yes give wer or dates of service) NO 8/7-05-4/36 MrsJulia Decatur 2633 E, Chase St. Chase St. instern a los of DEATH [Enter only one cause per line for (a), (b), and (c),] This certificate should be executed Office along w burial-transit p ONSET AND DEATH PARTH DEATH WAS CAUSED BY Crushed chest, rupture of heart, massive IMMEDIATE CAUSE (a) hemorrhage in left chest cavity DUE TO removal Conditions, if eny, which "pending" gave rise to immediate cause IN 10 DUE TO 10 (a), stating the underlying Examiner cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01/19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Medical YES D NO F pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of tiam 18.) 20m. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: Knocked off bulldozer by tree Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED: | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Dey, Year Page (County) (State) factory, streat, office bldg., etc.) While Not While at work WEDI Arunde 1961 OB 21. I certify that I took charge of the remains described above, held an Autopsy 🕮 Inspection Inquiry and in my opinion forwarded h death resulted from. Natural causes Accident T Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER 🔼 hould be for SIGNATURE DEPUTY MEDICAL EXAMINER Howard G. Shaub. M.D. 7/26/61 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 5 0 Duria. 3- FUNERAL DIRECTOR D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS, A15ME e william & Thomas 5M 9/60

AND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE  Division of ATAISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
DR STATE		1404 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	07477
TH DEPT.	1.	PLACE OF DEATH	Z. USUAL RESIDENCE (Where deceased fived, if Institutions R	lesidence before edmission)
M		Anne Arundel MARYLAND	Maryland Anne	Arundel
M		b. CITY OR TOWN (if outside corporate fimits, write RURA) and give nearest fown)		
	L	HNNAPOLIC / tra	Severna Park	
2/2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
	_	Anne Arundel General Hospital	Robinson Landing Road	YES NO X
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	<u> </u>	(Type or priot)  BABY  La CE	KERLANCHER DEATH July	23, 1961
	l	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months (	YEAR IF UNDER 24 HRS.
		Gemale White Widowed Divorced USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS	1-25 96/1 0 m	1 7
	do	no during most of working life, even if retired)	ITRY II. BIRTHPLACE (Slote or foreign country)	ZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	115/1
J		7 11.6.	20 I Da	OB.
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.! 17	INFORMANT Address	
	{Ye	s, no, or unkown) [liyesplvewarardatesofservice)	Indian A Dalka	00
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	July C. Della	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, Right subdural her	natoma	ONSET AND DEATH
		DUE TO tentorial tear	- And	
		Conditions, if any, which \ (b)		
		geve rise to immediate cause (b), stating the underlying  DUE TO		
		cause last. (c)		
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED?
X	CERTIFICATION			YES NO
	ERTI	20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of Item 18.)	
			LACE OF INJURY [Home, farm,   20f. [City or lown] [Coun	
	WEDICAL	Hour e.m. While Not While	LACE OF INJURY (Home, farm, 20f. (City or lown) (Councetory, street, office bidg., etc.)	(State)
	×	p.m. 19 et work at work		
		21. I certify that I took charge of the remains described above, death resulted from: Natural causes (X). Accident . Su		and in my opinion
		death resulted from: Natural causes [X], Accident [], Su	icide	
		ACTUAL GUAN W KIRO KQ X	_	DATE SIGNED
		SIGNATURE		
		NAME (Type) Peter W. Rieckert, M.D.	Address (Street, city, town, or county)	7/24/61
	22a	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
		13 unal 7-25-6/ Illen /	tower Cem Blan Bur	une Net
	23.	FUNDRAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIC	
		Tober S. Danarco Sevena	Persk DATE: 11 2 7 '61   Contina 8. +	trace
	_	5: (11 V XV +	rel:	



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FOR S	STATE			7488MEDI			CERTIFICAT		•	07473
HEALTH	DEPT	٦ [	PLACE OF DEATH					CE (Where deceas		Residence before edmission)
aga aga	M	Y	Anne	Arundel		MARYLAND	•. STATE Maryl	and	b. COUNTY Ann	e Arundel
or. F		不	b. CITY OR TOWN (	if outside corporate limits,	c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	If outside corporate	limits, write RURAL en	give neerest town)
by Is necessial director.	0		HI	NHOLIS	1/1	iour	X Sever	na Park		
ay lo	- E	**	d. NAME OF HOSPI	TAL OR INSTITUTION (IF no	in hospital, give a	treet eddress)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?
del ner	eath.			Arundel Gene	244			son Landi	ng Road	YES NO NO
ny de funer retained	2 4	rh	NAME OF	First		Middle	iast	4. DATE OF	Month	Day Year
0.3	F 2	4	(Type or print)	ELEANC	DR Z	DELKI	ER MYSTER!	DEATH	July	23, 1961
10 CO >:	ation so	1	S. SEX		_	R MARRIED 🔀 B	DATE OPBIMH	las	GE (In years IF UNDER 1 t birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
ar de	y ∠ b hours	<u> </u>	Female_	White   W		DIVORCED	July 13, 19		22 уп.	
s aff	22	H	done during most of wo	ding life even if retired)	106. KIND OF BUS	INESS OR INDUSTR	TIL. BIRTHPLACE (Siete	foreign country	12. CIT	IZEN OF WHAT COUNTRY?
hour ages	2 - E	-	3. FATHER'S NAME	VOIVE		OIVE	,14. MOTHER'S MAIDEN	NAME		V > //
P. P. P. P. P. P. P. M.	23	Ι.	0.8	4	7 a AB		- Ma a	THE STATE OF THE S	PD.	-
្នគូខ្លុំ 🚉		1	S. WAS DECENSED EV	ER IN U.S. ARMED FORCES	176. SOCIAL SEC	CURITY NO.1 17. I	NFORMANT	ul.	Address	
3 € 5	E >	1	Yes, no, or linkown) (I	fyes give wer or detas of service	1/01	EC	John A	Xno	Ro.	alma-
Tient Wil	<u> </u>	-	18. CAUSE OF D	EATH Enter only one cau	se per line for (e), (	b), end (c).)	1000- = 41	·	CEC .	I INTERVAL BETWEEN
ni ii	<u> </u>		PART I. DEAT				sis complic	ating fu	ll term	ONSET AND DEATH
e al		$\perp$	68/X	DUE TO		nded del			<del></del>	
place of the second sec	2 6		Conditions, if eny							
Show Show	E E		gave rise to immedi	ale cause						
cate	8 b	Н	cause last.	(c)						
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edimission) e. COUNTY b. COUNTY a. STATE is nec.
director. Pavour files. MARYLAND A.A.Co. Mary land City of TOWN III outside corporate limits, write RURAL end give neerest lown b. CITY OR TOWN (if outside corporete limits, . c. LENGTH OF STAY IN 16 for your i write RURAL and give nearest town) Mt. Pleasant Beach Lasadena 30 mg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 30 min. e. IS RESIDENCE ON A FARM? 3314 Strickland St. State E YES NO X Stony Creek Midd e DATE Month DECEASED OF the Alfred (Type or print) DEATH Denson July 22. 6. COLOR OR RACE T. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH IF UNDER 24 HRS. 1,2,a 1 and 2 w 72 hours 2 with <u>\*\*</u> last birthday) Months Deys Hours Male WDOWED DIVORCED X 28 10h. USJAL OCCUPATION (G ve kind of work 1 10b, K ND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, one during most of working life, even if retired) Printer Baltimore, Md. H.S.A. pages 1 within 13 FATHER'S NAME MOTHER'S MAIDEN NAME Alfred Denson Margaret Schuchard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 584RMrs.Alfred Denson (Mother) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? 20 YES K NO Medical EXAMINER: Th's 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. JUIMMING 一日日 20d. INJURY OCCURRED \*\* 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey Year (County) (State) (0) fectory, street, office bldg., etc., While Not While # # P = # et work et work forwarded to the DIRECTOR: afed agent, prig 21. I certify that I took charge of the remains described above, held an Autopsy 📈 Inspection 🔀 Inquiry DC and in my opinion MEDICAL Undetermined manner Homicide death resulted from. Natural causes Accident M. Suzcide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED AERAL AERAL Designat SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should I NAME (Type) Address (Street city town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 40 FUNERAL DIRECTOR 24e REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. AISME Chilling S. Thouse





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d be	14	7491 MEDICAL EXAMINER	S CERTIFICATE OF DEATH Rog. Dist. No. 7482
please exe 4 should b cremation		1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
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REMOVAL (Specify)  7/12/61 Mendow Ridge BALTIMORE  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		MANK M SHIPLEY annageolis	e rend
	2	Ja. Dunine, Charletter, and	wr or county) (State)
1000	1 2	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN TO BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	1.1	100	



10111-10-11111 11/11 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a COUNTY b. COUNTY HMME MARYLA' v 19 nd c. CITY OR TOWN (If outs'de c norala I mits, write RURAL and give nearast town) b. City OR TOWN (if outs da corporeta limits, E. LENGTH OF STA. II dia rowson ⊑ - YOWNSVILLE Pages filled d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ON A FARM? Penna Aue YES NO LYOWNS 3. NAME OF DATE M ddie Month DECEASED OF (Type or print) DEATH 196 carbon pa 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR | IF JNDER 24 HRS. AGE (In years MARRIED NEVER MARRIED last birthday) Months WIDOWED S DIVORCED yrs. eveni, physician 12. CITIZEN OF WHAT COUNTRY? гетто уе 10a. USUAL OCCUPATION (Give kind of work [County & Stete, or fore an country) dona during most of working life, even if retired) U. S. R. House WIFE (Unknown) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please Elizabeth( Amos Harvey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Crownsville State Hospital Record 18. CAUSE OF DEATH (Enter only one cause per line for (e), b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (a) urial-fransit DUE TO attending Conditions, if eny, which [b] gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest, ŧH bur. ne hospital or is certificate ! PART I OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 WAS AUTOPSY PERFORMED? **8** 0 Decubitus vicers. No IK 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20a ACCIDENT WAS JNDERLYING ... OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached (County) 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, † 20f. (City or fown) (Stata) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While may be retained DIRECTION: Al at work at work 21. I certify that (I) (this hospital) attended the deceased from .... J. ne. 24., 1961, to ... J.u. y. ... 1961, that (I) (we) last pluous , and that death occured at 3.52PM from the causes and on the date stated above. saw the deceased alive on. ATTENDING PHYS. DIRECTOR PHYS. M.D. NERAL 22d. ADDRESS PHYSICIAN'S 23d, LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 236 CREMAJORY 0.50 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA YR A15 (4) Cichmo S. Kraya 15M 9/60

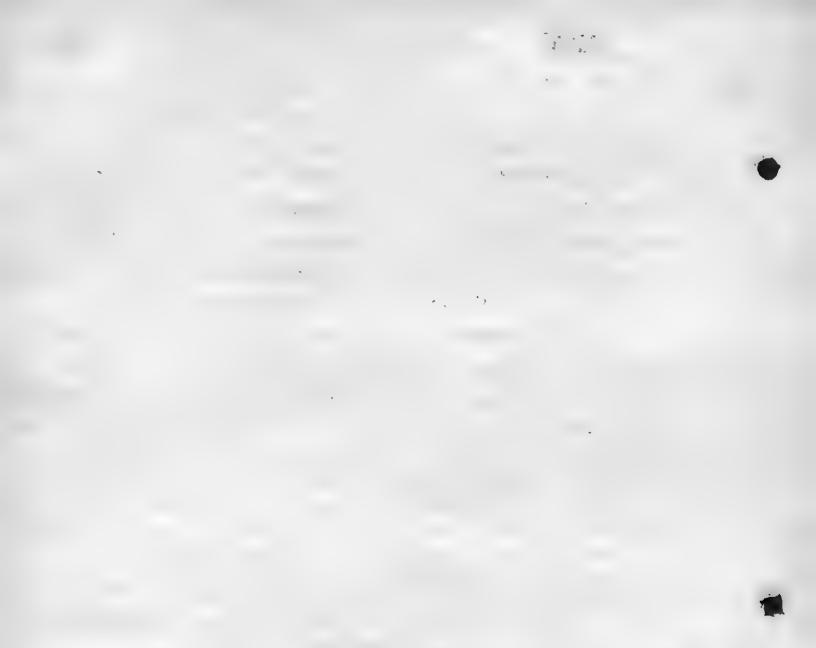
LAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

**DIVISION OF STATISTICAL RESEARCH** 

after

within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Anne Arundel Baltimore City Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY N 16 wr'te RURAL and give neerest town] Baltimore 9mos. 3 days Crownsville d. NAME OF HOSPITA. OR INSTITUTION (if not in hospitel, give street eddress, d. STREET ADDRESS . IS RESIDENCE ON A FARM? 927 Eutaw Street YES NO X Crownsville State Hospital 3. NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) Johnnie Ford 10 1961 and ca 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) | Months death certificate be Devs Hours Male WIDOWED [ May 10. 1910 Negro physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even 'f ret red) Wilmington, N. C. Unemployed U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ,⊑ attending and Doc Ford Lula? Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) physician, igned by the 237-03-8384 Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Syphilitic & Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (e) DUE TO attending parties at the signal of the signa Conditions, if any, which geve rise to immediate cause DUE TO (e), stelling the underlying ceuse lest. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? Schizophrenic Reaction, Paranoid Type with Mental Deficiency NO 2De. ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form.) 20f. (City or lown) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour e.m. \_\_\_\_ el work et work may be retaine DIRECTOR: to......7/10......, 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1716 19 22b. DATE 22n. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. Crownsville State Hospital. Maryland 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Baltimore. Maryland Mt. Auburn Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ZA FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** VR A15 (4) Circher S. Frank 15M 9/60 Madison Ave. Balto. Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 5. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, ELENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) .E days Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) TREET ADDRESS a. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 73 West St. YES NO Y Middle A DATE Month DECEASED OF (Type or print) DEATH William FORDHAM Edward July 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARR ED XX 19. AGE (In years LIF UNDER 1 YEAR E JNDER 24 HRS 8. DATE OF BRTH lest birthdey] Months. Male July 7k WIDOWED [ DIVORCED [ 1Da. USJAL OCCUPATION (G ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 B FTHPLACE County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physici e remov U.S. Maryland 13. FATHER'S NAME 14 MOTHER 5 MAIDEN NAME Then please William Thomas FCR BHAM Ruth Charlotte Dean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) ilan. Hospital Records 18. CAUSE OF DEATH [Enter only one couse per I na for (e) (ts) and (c).] INTERVAL BETWEEN ONSET AND DEATH or buth PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ukine Anoxia DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART TIO, 19. WAS AUTOPSY PERFORMED? YES Y NO 2De, ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW NJURY OCCURED, lEnter neture of injury in Pert Lor Pert Lor Len 18 1 OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While WEDI Hour a.m. el work al work 21 I certify that (I) (INSCIDENT) attended the deceased from July 7, ..., 19.61 to July 9, ..., 19.61, that (I) (XX) last saw the deceased alive out... 22e, SIGNATURE 226. DATE SIGNED ATTENDING. MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) in Briscoe 95 Cathedral St., Annapolis, Md. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bunial ₹ O July Hillcrest Memorial Annapolis. Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SEGMATURE ADDRESS VR A15 (4) arthur S. Krous 15M 9/60 Annapolis. Md.

with n 24 hours after



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH AFALTII DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE MARYLAND Anne Arundel Maryland y is neces: b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town) write RURAL and give negrest town? Potansco Park One hour Baltimore Water at the foot of the Arunde Boar IS RESIDENCE ON A FARM? Quarry, Potapsco Park, Md. YES NO 930 Ridegeley Stree Middle DECEASED (Type or print) DEATH Lamont Garrett July with S S 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER I YEAR ! 5. SEX 8. DATE OF BIRTH ge 5 may and 2 with 72 hours of IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED Yes. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratined) Attending School Baltimore . Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Garrett Rosalie Manning 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we rordetes of service) Mr and Mrs Ernest Garrett (parents No None 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Accidental Drawning Sudden burlal-ti DIJE TO gave rise to immediate cause DUE TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) Chief ) ge 3 sh burial, Went swimming with friends and drawwed. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While et work ! et work Y prior Water Potansco Park. DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry and in my opinion death resulted from: Natural causes Accident Y Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER [ EXAMINER'S plnods NAME (Type) Address (Street, city, town, or county Gustave Glen Burnie 22e. BUR.AL. CREMATION. CEMETERY ON CREMATORY VAL (Specify) b 940 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. A15ME



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10 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give RURAL)	e nearest town)
by the fund 2 should		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 2) 4 as estell Rd 3 206 are del Rd	e IS RESIDENCE ON A FARM? YES NO
es i an		NAME OF DECEASED (Type or print)  Niddle Last 4. DATE Manth 7-7	Day Year
pletely rs. Pag	5 :	A THE PARTY OF THE	YEAR IF UNDER 24 HRS
and campl	10a	Buoklyn W. 7.	N OF WHAT COUNTRY
physician and move carban hours after d		FATHER'S NAME  UNK.  14. MOTHER'S MAIDEN NAME  UNK	
h certifi ing phy ie remor 72 hou		WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address [If yes, give war or doles of service]	
he deat an attend at within		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Colorary of clusion	INTERVAL SETWEEN ONSET AND DEATH
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The low physici has bee riol-tra maval, e	CATION	PART IF OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(a) 19. WAS AJTOPSY PERFORMED? YES NO
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PHYSIs to a to	MEDICAL	Haur a. m.    While   Nat while   factory, street, affice bldg , etc }	inly) (State
ne haspi he haspi R: After ached fo burial, c		21. I certify that I attended the deceased fram faw 1, 1959, to July 7, 1961, that I last alive an fully 6, 1961, and that death occurred at John, from the causes and an the course of	date stated abave
ed by III		ACTUAL SIGNATURE Philip W. Keister. M.D. MD. 302 Patapolo Cu E	DATE SIGNE
retaine RAL DI RAL DI should stror pi		PHYSICIAN'S PHILIP W. KEISTER M.D Baltimore, 25	Md
poge 3			(State)
YS A15 (4) 15M 9/58	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  NC. Cully Turned Has 130 E Fort Grand DATE  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN  Outling 8:	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institutions Residence before admission) a. COUNTY b. COUNTY Anna Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporeta I m ts. c. LENGTH OF STAY N 16 CITY OR TOWN ( flouts da corporete limits, write RURAL end give nearest town) write RURAL and give nearest town). RURAL - Millersville 9 davs Annapolis d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt-2, Box-60 Anne Arundel General Hospital YES NO 3. NAME OF M ddia 4. DATE Month Year DECEASED (Typa or print) DEATH 1961 Lorev July 6. COLOR OR RACE 7. MARRIED X NEVER MARR ED 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH ast birthday) , Months ; Deys ! Hours WIDOWED DIVORCED I Male YIS. 10e. USEAL OCCUPATION (Giva kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE County & Stale, or foreign country. 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Salf-Employed Farmer U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Geneva Green - Same As #2 18. CAUSE OF DEATH lEnter only one course per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** emeal medas fases Conditions, if any, which [b] gave rise to immediate causa DUE TO (e), stating the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Pert I or Part II of Itam 18.) 20a, ACC. DENT WAS UNDERLYING 1.1 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year (Stete) factory, streat, offica bldg , atc.) Whila Not While Hour em. at work ....., 1967, that (i) (NO) last fithisches the deceased from..../ I, and that death occurred above, from the causes and on the date stated above law the deceased alive on 22b. DATE 220. SIGNATURE ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Cathedral St., Annapolis, Md. Richard N. Peeler 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23d, LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 6均 Julv 1961 Baldwin Mem. Ch. Cem. Millersville. Md. 0 Ŧ 24 FUNERAL DIRECTOR'S STENATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 [4] 15M 9/60 Glen Burnie. Md.

**CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY Filed b. COUNTY Anne Arunale County MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Glen Burnie the fune should I Life Glen Eurnie d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Box 222 Severn Md. YES NO NAME OF 4. DATE First Middle Lost Month Day OF Louise Cregory Alexina (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours colored WIDOWED [7] DIVORCED [7] Sept Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Housewift U. S. A Home Marvland pon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \$(#) Tsabella Nathaniel Jackson ą. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes no, or unknown) Fred Gregory 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) foctory, street, office bldg, etc.) Hour o.m. While Not while al work 🗆 at work 21. I certify that I attended the deceased from ., 19.6./.,that I last saw the deceased death accurred at \_\_\_\_\_\_ ILM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prid 70 shoul PHYSICIAN'S NAME (Type) 5 C BURIAL CREMATION 22h, DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) BUT 18 1 Mt Galvary Cem Anne Arundel Co 7-15-61 10 COPRESS 0 23 FURTERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circling & Trans VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
	7500 CERTIFICATE OF DEATH	07491
Nage 4	1. PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if instruction Residen  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if instruction Residen  COUNTY  MARYLAND  O. STATULATIVE  B. COUNTY  D. COUNTY  D	Hrundel
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pletely press. Pa	Female White WIDOWED DIVORCED JUNE 11, 1888 Jost birthday) Months	Days Hours Min
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ician al e corba	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME BALLY	
certific	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas. no., or unknown) (If yas, give wer or dotes of service)  Address  TOHN E. GRIFFITHS	+2_
attendi n pleas in any	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  My veval  Multiple of the country of the coun	INTERVAL BETWEEN ONSET AND DEATH
that the by the it. The al, and	Condition is True which	mentles.
n. signed il perm	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   Lying cause last.   Calculate   Calcula	
The ow rein physician has been suid-transit matian, or		T I(o) 19 WAS AUTOPSY PERFORMED? YES NO D
IAN: The ending ficate hit the burial, cremial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC all or att his certi use as ta burid	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED PLACE OF INJURY Home, form, 20f (City or town) (A Hour a m. While p. m 19 of work of	County) (State)
NDING hasp to hasp to hasp to hasp to hasp to had for the hard for the	21 I certify that (I) (this haspital) attended the deceased fram. 7/31. 1917ta 7/31, 196 saw the deceased alive an. 7/311911and that death accurred at 1230M, fram the causes and an the	1_, that (i) (we) last added above
R ATTEI d by the ECTOR be deto of Hea	220 SIGNATURE  4 every Bhareh.  MD ATTENDING MED STAFF PHYS	22b DATE SIGNED
retaine RAL DIS shauld e Board	22c PHYSICIAN'S NAME (Type) GERARD CHURCH. 22d. ADDRESS 121 CATHE PRAZ ST	ANNAPOLS N
O HOSP Poge 3 the Start	23d BURIAL, CREMATON, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY, 23d LOCATION (Cary, town, or county) REMOVAL (Spec fy) 2-3-1961 / 66ing ton 1711/5 Clark Summit	Petate)
VR A15 (4) 15M 9/59	of the Market of South tons appress appress and some of the second of th	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed I yed, If institution, Residence befor admiss on) a. COUNTY b. COUNTY Page Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporete limits, write RJRAL and give nearest town) director. write RURAL and give nearest fown) Baltimore 17 one hour Potapsco Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ō Boar ON A FARM? refained he State B 1513 Linden Ave. Body of water in Arundel Quarry YES NO -3. NAME OF Middle 4. DATE Yeer Month DECEASED OF the (Type or print) DEATH 1961 Bernard D. Gross July 6th. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED WITH 5. SEX 9. AGE IIn years HE UNDER 1 YEAR ! IF UNDER 24 HRS. 8 DATE OF BIRTH last b rthday) Months Davs Hours age 5 mg 1 and 2 v 72 hours WIDOWED [ DIVORCED [ West TOW. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) Laborer Baltimore.Md. IISA pages 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frank Watson Gladys Gross 0 form 臣 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give we ror detes of service) permi Mrs. Gladys Gross (mother) Korean War 18. CAUSE OF DEATH [Enter only one cause per line for (e), ,b), and (c).] NTERVAL BETWEEN Guo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Accidental drawning Sudden IMMEDIATE CAUSE (a) 10 Office DUE TO removal, burial Conditions, if any which gave rise to immediate cause Œ DUE TO (e), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 BIL 19. WAS AUTOPSY PERFORMED? 2 NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert t or Part 1 of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Was swimming when he suddenly dissapeared under the water.

| 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Sta e 3 MEDICAL 20c. TIME OF NJURY Month, Day, Year age 30 factory, street, office bldg , etc.) While Hour e.m. at work of work OR: | p.m. Arundel Guarry Potansco Park. A.A. forwarded to the DIRECTOR 2) I certify that I took charge of the remains described above, held an Autopsy 1. inquiry X Inspection X and in my opinion Accident X Undetermined manner Natural causes Surcide Homicide death resulted from CHIEF MED CAL EXAM NER designated ACTUAL 7/6/61 ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURA DEPUTY MEDICAL EXAM NER T EXAMINER'S NAME .Type) Gustave H. Faubert.M.D Address (Street city, town, or county) Glen Burnie, Md. 220. BURIAL, CREMATION, 225, D TE THEREOF 22d. LOCATION (City, town, or country) , 22c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) 48 Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME DATEHUL 1 0 '61 C Stone & Knows



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY Page a. STATE **b.** COUNTY files. Same Arundel MARYLAND Same Anne b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate | m'ls, write RURAL and give nearest town, director. write RURAL and give nearest town) Your Glen Burnie 10 days Same 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE Boa ON A FARM? funeral YES NO Z retained State 1907 Norman Rd. Same Middle 4. DATE Month DECEASED OF (Type or print) DEATH Patrick Groves with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 w.f age 5 may 1 and 2 will 72 hours last birthday) Months Deys Hours WIDOWED [ DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in Item 18. Give Pages ng with form PM3. Pages within . San Angelo, Texas USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Groves Patricia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 1 17. INFORMANT Address permit. (Yes, no, or unknown) I (Ifves give war or detex of service) with Mr. Robert Groves (father) No 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c), burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Strangulation Sudden DUE TO Conditions, if any, which (6) gave rise to Immediate cause **DUE TO** (a), stating the underlying cremation, PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19, WAS AUTOPSY PERFORMED? execute the certificate, writing the word Medical NO A plnods as in his cribe and was playing with the venetians blind 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING IT CAUSE OF DEATH. and accidentally accidentally looped around his neck.
20d NUURY OCCURRED 200. PLY CE OF INJURY (Home, farm, , 20f. (City of ) 63 MEDICAL Month, Day, Year 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not While led to the CTOR: Pa prior at work at work 💠 Home Glen Burnie. 21. I certify that I took charge of the remains described above, held an Autopsy inspection w Inquiry y and in my opin on death resulted from. Natural causes Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Glen Burnie, Md. Gustave H. Faubert.M.D Address (Street, c'ty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BUR, AL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or country) (S ata) REMOVAL (Specify) 0 240 REC'D BY REGISTRAR I 24b. REGISTRAR S S.GNATURE 23. FUNERAL DIRECTOR VS. AISME 5M 9/60



Division of STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH is ne.

director. Percountilles.

Health, 2. USUAL RESIDENCE (Where decresed lived, if natitution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RLRAL and give nearest town) S/MMRGHRefsd. NAME OF HOS ITAL OR INSTITUTION (if not in hospite, give straet eddress) m. IS RESIDENCE ON A FAI Box NAME OF M ddle DATE Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Monthal Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) DCHOOL 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. [Yes, no, or unkown] [[fyesgivewerordalesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (ch) VAL BETWEEN PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II obstem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Monte, Day, Year! 1 20d. INJURY OCCURRED 20s. PLACE OF INJURY [Home, ferm, 1 20f., [City or town] (Stete . fectors, street, office bldg., etc.) Wh le NED! et work et work prior 21. I certify that he remains described aboy a, held an Autopy Inspection | Inquiry and in my opinion death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION. 22b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 24a. REC'D BY REGISTRAR ! 24V. REGISTRAR'S SIGNATURE V5. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE , Where decassed lived, If Institution: Residence before admission] I. PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outs'de corporata lim'ts, c LENGTH OF STAY IN 16 ' c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and ove nearest town) mo, 16 days Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? 401 E Federal Crownsville State Hospital YES NO NAME OF Middla 4. DATE Month DECEASED (Typa or print) Charles B: Harrison DEATH 19 67 6. CONDR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE in years IF UNDER I YEAR, IF UNDER 24 HRS. 1ast rihday) 72 yrs. Months WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE County & Stata, or foraign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad] unknown unknown Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Harrison Meivena Harrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unkown), (If yas g'va war or datas of sarvica) Hospital Records no 18. CAUSE OF DEATH [Enter only one cause per line for .a., (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (a) Arteriosclerotic and Syphilitic Cardiovascular Disease with Hypertension gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome assoc.with Arteriosclerosis 200. ACC DENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of Tam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. (NJURY OCCURRED 20a. PLACE OF NJURY (Homa, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day Year (County) factory, streat, office bldg , atc.) While Not Whia let work af work 21. I certify that (I) (this hospital) attended the deceased from 3/14. saw the deceased alive on...7/.28 22a. SIGNATURI ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 23d, LOCATION (C ty town or county) 23c. NAME OF CLASTERY OR CREMATORY 23a. BURIAL, CREMATION, 23b (Stata) REMOVAL (Spacify) Gardens'of Eternal Hope Finksburg. FUNERAL DIRECTOR'S SIGNAL VR A15 (4) 1SM 9/60



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M	7505 CERTIFICATE OF DEATH Reg. Dist. No. 0749
(IAI)	PLACE OF DEATH O COUNTY  Anne Arundel  Anne Arundel  2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY b. COUNTY Anne Arundel
(C)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Fort George G. Meade  14 hrs  Jessup
F1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION KILBROUCH ARMY HOSPITAL Savage & Guilford Rd  e. is residence on a farm? YES \( \sigma \) NO \( \sigma \)
	NAME OF DECEASED (Type or print) RUAL — HEATON JR DATE Month Doy Year OF DEATH JULY 10 19 61
(I)	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Cau WIDOWED DIVORCED 10 July 1961  9. AGE (In years lost birthday)  When the second of
	Outsual Occupation (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  Laryland  12. CITIZEN OF WHAT COUNTRY USA
	3. FATHER'S MAIDEN NAME Rual Heaton Marilyn Heaton
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address    (If yet, give more of dotter of service)   -
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).  Prematurity  Ars
	Canditions, if any, which gave rise to immediate cause (a), staling the under-lying cause last.  (b)  DUE TO  (b)  DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY BERFORMED?  YES NO OR ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF CON
5	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While of work of our out of work
	21. I certify that I attended the deceased from 10 July , 19 61, to 10 July , 1961 , that I last saw the deceased live an 10 July 61 , 19 , and that death accurred at 5:05 PM, from the causes and an the date stated about
	ACTUAL SIGNATURE Sharman & Colorson Mo, Kimbrough Army Hosp Ft Geo (1. Feade, Md
	PHYSICIAN'S SHERMAN S. ROBINSON, Capt., M.C.
	200 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Torong or columny) (State) REMOVAL (Specify 7-/3-6/ Bath Hat. Cemely July City  WE
-	Selections signature (3db Belevik Patril 3 1 61 wing 2. Known



requires that the death certificate



1	ı		ARTMENT OF HEALTH	
-		7507 CERTIFICATE	OF DEATH	07498
£ 73\A.)	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived,	If institution: Residence bafora admission
2 2 2		a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. CO	UNIY Anne Arundel
P FP	-	b. CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 16 write RURAL and give nearest town)	c, CTY OR TOWN (If outside corporate limits, w	r ta RURAL and give nearest town)
hin 24 ed in by ges 1 a affer d		Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Severna Park	IS RESIDENCE     ON A FARM?
Pa Pa		Anne Arundel General Hospital	207 Sycamore Road	YES NO X
ers Sers		NAME OF First Middle DECEASED	Lasi 4. DATE Mo	nth Day Year
pap n 7		(Type or print) Cari Frances	HOCK DEATH July	18 1961
9 P 5 E	5.			15 IF UNDER 1 YEAR   IF UNDER 24 HRS.
and and carb			July 17, 1961 lest birthday	Months Days Hours Min.
ian ian ive iven	10	. USJAL OCCUPATION (Give kind of work ne during most of working life, even if rating)	RY 11, BIRTHPLACE (County & State, or fore on country	12. CITIZEN OF WHAT COUNTRY
ysic ysic oy (	"	and a training that a tank and a	Maryland	U.S.
h co	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	uPro-Mildrenn va.
tending en please en pleas	15	Henry Francis Hock, Jr.  WAS DECEASED EVER IN U.S. ARMED FORCES?  To SOCIAL SECURITY NO 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	June Charlotte Harting	083
ova	1"	or income and an analysis and	Hospital records	
quires that ysicien, ed by th t permit.		18. CAUSE OF DEATH  Entar only one causa per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	4	ONSET AND DEATH
w recogning plants in sign sign sign sign sign sign sign		Conditions, if any, which	rity.	
e la la modir modir modir modir modir modir modir modification crem		gave rise to immadiate cause	A A	-
The affect of the state of the		(a), stating the underlying Social as ANNY La	1100 na lorum	
oral or ital or ital or ital or as the to bur	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE CONDITION O	GIVEN N PART 1,a) 19. WAS AUTOPSY PERFORMED? YES NO 1
FSIC hosp certiff use use orior			O. (Enter nature of in ury in Part I or Pert II of Itam 18.)	115 L 10 L
PH the this for	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
IDING ned by After letacher of Hea	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m., While Not While fact p.m. 19 at work at work	ACE OF INJURY (Homa, farm, 20f. (City or town) tory, streat, office bldg., etc.)	(County) (Stata)
C C C C C C C C C C C C C C C C C C C		21. I certify that (I) (10000000) attended the deceased from	July 17, 19.61 to July	18 1961, that (1) (ACAS) las
E S S S S S S S S S S S S S S S S S S S	1	saw the deceased alive on July 18, 1961 and that		
A Start		228 YMAIVRI	ATTENDING MED STAFF	22b. DATE SIGNEE
HAT THE		Clay lon Horlon	D. PHYS. I DIRECTOR PHYS.	
RAH Vith		22c, MYSICIAN S NAME (Typa)	22d. ADDRESS	5 1 161
NE PA		Dr. Clayton Norton	Medical Building, Seve	Z
The state of the s	23	BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY		
0 - 5 - 2 v			e Cemetery Baltimore	
VR A15 (4) 15M 9/60	1	fuzke F.D. 4101 Edmondson Appress		Cuthun S. Kraus
tam Floo			DATE JUL 2 4 '61	Consult 2. Total



CERTIFICATE OF DEATH 7508 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) DRURAS and give nestest town) (1) sizne NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE **OBJINSTITUTION** ON A FARM? YES NO D NAME OF Middle 4. DATE DECEASED DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years birthdoy) Months WIDOWED [ DIYORCED yrs. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND 12 CITIZEN OF WHAT COUNTRY? furing most of working lifes even a retired) and carbon after de requires that the death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending physicial please remave a such 72 haurs c ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI WAS DECEASED EVER IN U. S. (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. **burnal-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? maval, YES NO D 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20e PLACE OF INJURY (Home form, 20d. INJURY OCCURRED 20f (City or town) (County) (State) foctory, street, affice bldg, etc. Haur a. m While Not while at wark at wark p. m. 19.6. I that I last saw the deceosed 21. I certify that Lottended the deceased from and that death occurred at 1.3 11 M. from the causes and on the date stated above. olive on DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL NAME (Type) EDMON Fe retair FERAL D 3 should US 220 BURIAL CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City tawn, or county) (State) SUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/58 Chothan I Thank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- 1			MARYLAND STA	TE DEPARTMENT C	F HEALTH	
		DIVISION OF STATIS	CERTIF	CORDS, 301 W. PRESTO	N STREET, BALTIMOI H	07500
4 hours after and 2 shoulk death	M	b. CITY OR TOWN (if ourside corporate and give peeres	parete limits c. LENGTH OF	e. STATE	ENCE (Where decessed I ved, Ib. College III)  Note: The composition of	Institution: Residence before edmission] NTY HILLIAN (ACCEPTED TO THE PROPERTY OF THE PROPERTY
ted within 2 ely filled in sers. Pages 1 2 hours after	¥	d. NAME OF HOSPITAL OR INST 2 43 Sillens 3. NAME OF DECEASED	ITUTION (if not in hospital give street wood RA	12433	1 Denwood	PA OBY Yes NO PA
ate be executed and correction paper ent, within year.		(Type or print)	OR RACE 7 MARRIED NEVER MA WIDOWED DIVO	RCED 11/2/189	DEATH	
death certificading physicial please removed on any events of the second		done during most of working life, every state of the stat	Residence at when	ne mary Elizab	land eth Sch	waker e
cian. by the attenermit. Then		15. WAS DECEASED EVER N L.S. A (Yes, no, or unkny) (ifyesg vewer  18. CAUSE OF DEATH [Enter  PART I. DEATH WAS CAU	ordetes of service) 3 / R-33 or only one ceuse per line for (a), (b), a SED BY:	HOT MY Elm	or Duners	Tocomole attime interval between onset and duath
The faw required attending physics attending physics attending physics attending the phy		Conditions, if eny, which geve rise to immediate cause [e), steting the underlying cause last.	DUE TO  (b)  DUE TO  (c)	mue accer	men accord	1 year_
SICIAN: ospital or intificate has as the ior to bur		CATO	NT CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TE		VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
NG PHY: by the he for this ce ched for the	0	20c. TIME OF INJURY Mont	h, Day, Year   2Dd, INJURY OCCURR	ED   20e PLACE OF INJURY (Home, factory, street, office bldg.	ferm, 20f. (City or town)	(County) (State)
ATTENDIO De retained CTOR: Al id be deta e Dept. of			While Not While et work of wor	ased from	19 6 l, to July	29, 1961., that (I) (we) last and on the date stated above.
TTAL OR Age 4 may track DIRE page 3 should with the State	Ì	22c. PHYSIAN'S NAME (Type)	ady Smill	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	7/24/6-1
de Pospi director, Be filed v		230. BURIAL, CREMATION. 23b., REPOVAL (Specify)	DATE HEREOF 236. NAME OF	F CEMETERY OR CREMATORY	23d. LOCATION COM	own or county)  What  (Stete)
YR A15 (4) 1SM 9/60	:	24 MONERAL DIRECTOR'S MONATU	and for Sic	Tollain DATE	AGG 1 '61 ,	EGISTRAR'S SIGNATURE CIVILINA & KLANA



VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7510

07501

1	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased lived.	If institut on Residence	e before admission)
L	o. COUNTY	MARYLAND	o. STATE		COUNTY Anne	Arundel
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN	N (If outside corporate lim	its, write RURAL and gr	ve nearest town)
	d NAME OF HOSPITAL (If not in hospito), give street OR INSTITUTION  5 4 W Ruth		d STREET ADDR	Degli F	ores!	TS RESIDENCE ON A FARM? YES NO
3.	(Type or print) She Dod	M ddle	Hulet	2. BATE	7-/3	Day Year
	SEX 6 COLOR OR RACE WHOW	DIVORCED	DEX-19-	1864 4	yrs	Days Hours Min
	lo. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	, KIND OF BUSINESS OR INDU	ceps	(State or foreign country)	· Medi	EN OF WHAT COUNTRY?
	FATHER'S NAME Stephen ) to	elchusor	14. MOTHERS MAI	oretta	_	
15	(es, no, or unknown) (Hover, give wor or dates of service)		FA mily		Address	
	18. CAUSE OF DEATH [Enter only one couse per I PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c)					INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under. (b)	fenerale.	jed a	stereose	Recode	4
CATION	(-)	CONTRIBLTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEASE CONE	O TION GIVEN IN PART	1(o) 19, WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of inju	ery in Port I or Port II of a	tem 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d While p. m. 19 of wo	-3	ACE OF INJURY (Home ctory, street, office bld	a, form, 20f (City or tow 2., etc.)	(C	ounty) (State)
	21. I certify that (I) (this haspital) attensaw the deceased alive on	-/ 5	•	MED STA	ouses and on the	date stoted abave  22b DATE S GNED
_	22c PHYSIC ANS NAME (1996)	Holm	22d ADDRESS	erna C	Park 1	rep.
23	30 BURIAL, CREMATION, 236 DATE THEREOF 7-18-61	1 deghland	Ce-m	23d LOCATION (C	lity, town, or county)	schya (Stote)
24	Heren director's signature	ADDRESS	7	REC'D BY REGISTRAR TE JUL 1 7 '61	25b. REGISTRAR'S SIG	NATURE Frank

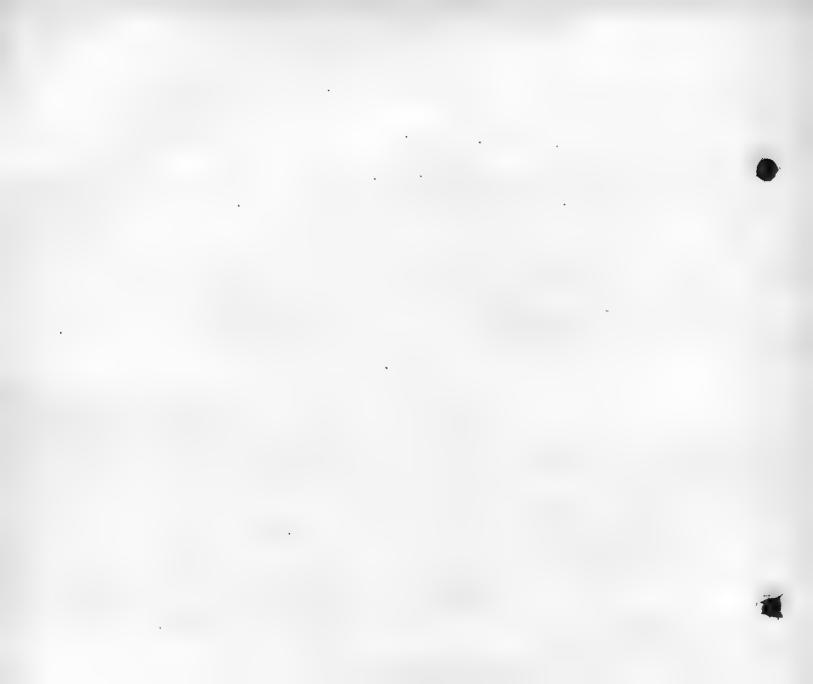


VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07502

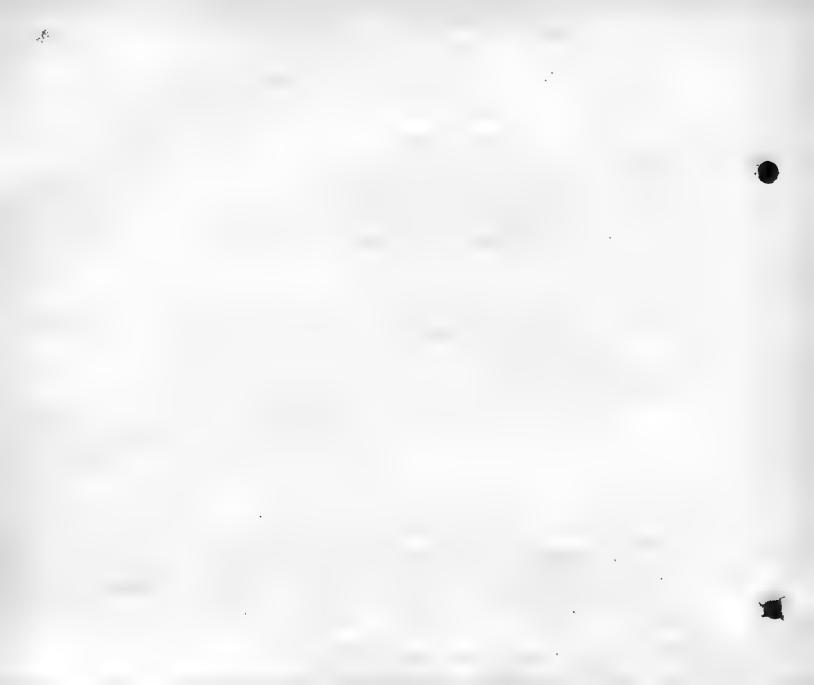
	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
-	d. COUNTY CL () MARYLAND	o. STATE Md. b. COUNTY Q.Q.
1	b. CVTX OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b PCRAL and give negret town)	c. CITX OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Imakolo	(hmapoles 10)
/	d. NAME OF HOSPIAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Homewood Convalesent Home	15 Unnapolio Al 1 YES NOX
i	3. NAME OF PICEASED First Middle	Lost 4. DATE Manth Day Year
	(Type or print) Minney Marshall	Ryckson DEATH 7-8 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DAJE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last by rithday)  Months Days Hours Min
	+ lmale "White WIDOWED DIVORCED []	Dept 22-1875 85 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 14. 8IRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	House wife Home	Pa. 11.0 A.
	13. FATHER NAME	14. MOTHER'S MAIDEN NAME
	gacor siever	Chiqabelli Small
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or detex of service)	INFORMANT Address (5)
	377-07-38481	volet L. yours (2)
	1B. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c)]	- 1 - INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Complete Control	to orthe Went broke forting 24 W
	443X DUE TO	1 20
	Canditions, if any, which ) (b) 13 receles	purmous . 340gs
	gave rise to immediate couse (a), stating the under DUE TO	1 to stellaroca on the
	lying cause lost. (c) litter la vy	for Busine Source Unferrely Sharel 18
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 170 19. WAS AUTOMY PERFORMED?
7	\[ \frac{1}{2} \]	YES NO I
	S OR CONTRIBUTING CAUSE OF DEATH	RED (Enter noture of injury in Port I or Port II of item 18)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Haur a.m. While Nat while	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) (actory, street, affice bldg., etc.)
	≥ p. m. 19 of wark ☐ af work ☐	1 7
	21 I certify that (I) (this haspital) attended the deceased from	3-73, 1961, to Mely 8th, 1961, that (1) (we) last
		death occurred allos M, from the causes and on the date stated above.
	22a SIGNATURE	ATTENDING STAFF \$1GNED
	A clever o willis	M.D PHYS DIRECTOR PHYS
	22c PHYSICIAN'S TOP	22d. ADDRESS
	O'CCLOSK I TKAIZ	Hung folio Many Russ
	230 BURIAL, CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d LOCAT ON (City, town, 6 caunity) (Sote)
	15010 1 7-11-1961 On-ergroom	1 Cemelery Feltysturg Ja
	24 FONERAL DIRECTOR'S SIGNATURE SUPER ADDRESS ADDRESS	250 REC'D 8Y REGISTRARY 256 RECTSTRAR'S SIGNATURE
	John M. Lagar Law Willel	DATEUL 12'61



		M	ARYLAND STATE DEF	ARTMENT OF	HEALTH	
, <u>y</u> ,		DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
		7512	CERTIFICATE	OF DEATH	d a de	07503
		PLACE OF DEATH	Mitem & dilm Gas			ulian: Residence before edmiss on
		Anne Arundel	MARYLAND	Maryland	b. COUNTY	
		o. CITY OR TOWN (if oulside corporate I mils, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporata I m Is, write RUI	RAL and give nearest town)
	-	Glen Burnie R. NAME OF HOSPITAL OR INSTITUTION IN THE	11 months	Baltimore de STREET ADDRESS	,5V	IS RESIDENCE ON A FARM?
		Plaza Manor Nursing P	lome Middle	1106 Argy	OF Month	Day Year
	2	Type or print) Anna Jones	_		DEATH July 16	
	10e		MARRIED NEVER MARRIED 8.  IDOWED DIVORCED 100. KIND OF BUSINESS OR INDUSTRY	DATE OF BIRTH July 5, 1895 7-47-1891 11. BIRTHPLACE (County	66	nths Deys Hours Min.  12. CITIZEN OF WHAT COUNTRY
	13.	Domestic worker	Domestic_service	Northumber	land Co. Va. 1	U.S.A.
	15. (Ya	Levi Cambbell WAS DECEASED EVER IN U.S. ARMED FORCES I, no, or unknown)		Charlotte	Washington	
		No	219-26-8253 Mal	issa Jones	1007 N. Stricke	
			rteriosclerotic ca	rdio vascula	r disease with	INTERVAL BETWEEN ONSET AND DEATH
			cortic stenosis.			? yrs.
		Conditions, if any, which [b]				
		(a), stating the underlying DUE TO				
	z	PART II. OTHER SIGNIF.CANT CONDIT.OF	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE CONDIT ON GIVEN I	N PART 1(a) 19. WAS AUTOPSY
n	ATIO					PERFORMED?
	CERTIFIC	200. ACCIDENT WAS UNDERLYING [] 20 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW NJURY OCCURED.	Enter netura of intury in Per	t I or Part il of Iem 18.)	- Construction of the Cons
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m. 19	20d INJURY OCCURRED 20e, PLAC While Not While factor	E OF INJURY (Home, farm, y, street, office bldg , etc.)	20f. (City or lown)	(County) (State)
	]	21. I certify that (I) (this hospital)	attended the deceased from.	ugust 21,719	160 to July 16,	., 19 6], that (I) (we) la
		saw the deceased alive on	7 8 19.61 and that	death occured atp	.M, from the causes and	on the date stated above
		22a. SIGNATURE JOHNES M. F.	Kair Mc	ATTENDING ME PHYS. DIR	D. STAFF	July 17, 1961
	_	NAME (Type) James M. Pa:		400 N. Ca	rrollton Avenue	
		BURIAY, CREMATION, 235. DATE THEREOF	. / 1/ / / /	-	23d. LOCATION (City, lown o	(State)
	-	FUMERAL DIRECTOR'S SIGNATORE - 19=	61 Church CE	milling	BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	24	V Bandles Harra	11 11/271 0	CALS PATE JU		and S. Thomas
	I	- Duoren I rugar	W 146211 CM	ey or		

-14

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
		7513 CERTIFICATE OF DEATH	07504
Marie director	1	PLACE OF DEATH COUNTY ARYLAND  2. USUAL RESIDENCE (Where eleceased lived. If institution: R COUNTY ARYLAND  2. USUAL RESIDENCE (Where eleceased lived. If institution: R COUNTY ARYLAND	effence before admission)
death.		D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	and give nearest town)
ofter the fu	1	d. NAME OF HOW TAL (If not in haspital, give street address) OR INSTITUTION  COLEMATER  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
hours and 2	3.	NAME OF LOST A Middle Last 4. DATE Manth	VES NO Doy Year
in 24 days		Type or print)  WILLIAM CLIFTON RESARR DEATH  OF DEATH  OF DEATH  OF AGE (In years IF	30 194/
d within oletely rs. Pagarter dea	3	6. COLOR OR, RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH  WIDOWED DIVORCED 7-27-1866  9 AGE (In years last birthday)  WIDOWED 7-27-1866  9 Yrs.	nths Days Hours Min
comp pape	100	during most of warking life, even firetired)	2 CITIZEN OF WHAT COUNTRY?
an ond arbon n 72 h	13.	FATHER'S NAME  (11/11/1)  FATHER'S NAME  (11/11/1)  14. MOTHER'S MAIDEN NAME  (11/11/1)	413-
ificate hysicia nave co t, within		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
h cert ling pl	[Yes	1. no. or unknown) If yes, give war or dates of service) 233-20-0391 MRS. HARRY R. King #	
the death e attendin non please id in any e		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART! DEATH WAS CAUSED BY ARTERIOSCIEROTIC HEART DISEASE.	INTERVAL BETWEEN ONSET AND DEATH
uires that gned by th permit. The emaval, on		Conditions, if any, which (b)	
quires signed t pern remov		gave rise to immediate course (a), stating the under DUE TO	
ie faw re mysiciar as been das been de ial-transi	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
IAN: The ending ficate hithe buring of, creme	CERTIFICATION	20s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC al or att his certi use as ta buria	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a.m.  Hour a.m.  p. m.  19  20d, INJURY OCCURRED At while at work at wor	(County) (State)
DING haspite After t		21 I certify that (1) (this hospital) attended the deceased from. Solver 1966, to 30 July,	1961, that (1) (Ne) last
ATTEN by the CTOR: e detocl	,	saw the deceased alive on 30 JUN 1961, and that death accurred a 72 M, from the causes and a 22a SUBMUSE MED ATTENDING MED DIRECTOR DIRECTOR HYS	n the date stored above
AL OR AL DIRE hould by Board o		AND PHYS DIRECTOR PHYS DIRECTO	INVAPOLISM
HOSPITA Bage 3 s	230	PERMOVAL (Specifit)	unly) (State)
5 5 9 E	24	FUNERAL DIRECTOR'S SIGNATURE ( ) ADDRESS   260 REC'D BY REGISTRA   256 REGISTRA   260 REC'D BY REGISTRA   256 REGISTRA   260 REC'D BY REGISTRA   260 REGISTR	R'S SIGNATURE
VR A1S (4) 1SM 9/S9		oh, M. Taylor + Sous Chunggolis, Md. DATEMIG ? 61 Cully	S. Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND funeral vid be f CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give gearest town) RURAL and give nearest town) everna 1378 d. NAME OF MOSP TAL (If not in haspital, give street address)
OR INSTITUTION e 15 RESIDENCE STREET ADDRESS Rd. xts 🗍 NO 🍒 07 .5 4. DATE OF NAME OF First Middle Month Day DECEASED (Type or print) DEATH 5 SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR UNDER 24 HRS MARRIED DEVER MARRIED campletely last birthday) Months Days Hours Min. DIVORCED WIDOWED [ 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN ARMED FORCES? INFORMANT 1431 Decatur ST. Mrs. Katherine 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost peen : **burial-transit** PART IF OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while of wark of wark p.m 21 1 certify that (1) (this haspital) attended the deceased fram.\_\_\_ \_, 19\_\_\_, that (i) (we) last , ta , and that death accurred at AM, from the causes and an the date stated above. saw the deceased alive an Ö MONATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF 22C PHYSICIAL 22d ADDRESS 23a BUR, AL. CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 256 REGISTRAR'S S GNATUR None, Jee 158

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DATE

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 /2	MARYLAND STATE DEPARTMENT OF HEALTH
and the same of th	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
भे जन	CERTIFICATE OF DEATH 07507
funeral should	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss.on)
trs 22 sh	*. COUNTY Anne Arundel Maryland b. COUNTY Anne Arundel
S S S S S S S S S S S S S S S S S S S	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside c porate limits, write RURAL and give necrest fown)
6 5	write RURAL end give neerest lown) Annapolis 9 days RURAL - Riva
ithin il ed in ages rs afte	d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address; d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Par Par S	Anne Arundel General Hospital Box-7
ited etel	3. NAME OF Frst Middl Lest 4, DATE Month Dey Year OF
Police Con	(Type or print) Stanley KITURAKIS DEATH July 10 19 61
nd e	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE, In years IF UNDER 1 YEAR IF UNDER 24 BRS.  [ast birthdey] Months Deys Hours Min.
e ta	Male White WIDOWED Nov. 24, 1897
ficat cian ove eve	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 ERTHPLACE County & Steels, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificat physician any eve	Clerto Melecca Cectourbles Lithuania Vos. H.
	13. FATHER'S NAME
the death attending property attending property and in and in a second at a se	Decement decement
Then wal.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, np. or unkown) (Ifyesgivewgrordelesofservice)
that the attribute. The attribute. The removal	1/ES W.W. I 217-24-9373 RECORDS
ian.	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b., and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
nysik nysik ned l t pe n, o	IMMEDIATE CAUSE (a) Kesgiratory Insufficiency
sign ansignation	Conditions, it any, which 3 Pulmonary and pleural metastases 3 months
law ding sen sen rem	gave rise to immediate cause
The I aftend ss bee burial al, cre	(a), sleting the underlying DUE TO
or a or a surise	Z PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOTAE, ATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART T(a) 19. WAS AUTOPSY
ital icat as to	PERFORMED?
rysicily hospital certifical ruse as prior to	200. ACCIDENT WAS UNDERLYING - 40b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18)
he h	206. ACCIDENT WAS UNDERLYING A DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of flom 18.) OR CONTRIBUTING A DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of flom 18.) OR CONTRIBUTING A DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of flom 18.) OR CONTRIBUTING A DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of flom 18.)
by theat	
Affe of He	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or fown) (County) (State)  Hour a.m. While Not While at work at work at work at work at work at work at work.
TENI etain OR: be de	21. I certify that (I) (this coordal) attended the deceased from
H P P P P	saw the deceased alive on
RE BE	226 DATE
may may DIR 3 sh he Str	ATTENDING MED. STAFF SIGNED
RAL RAL age	22c. PHYSICIAN S NAME (Type)  22d. ADDRESS NAME (Type)
SPI Par d w	Richard I. Hochman 100 Cathedral St., Annapolis, Md.
O T E SE	238. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county)
0 0 0 0	BURIAL 14/104/1961 Dalto Balloune Thedunck 12 100)
VR A15 (4)	ADDRESS ADDRESS SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RE
15M 9/60	( Terele W. Lallescoles 637 Wayle Blad DATE JUL 1301 Cirthur S. Krous



6 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- Tan -	7517 CERTIFICATE OF DEATH 07508
afte mer	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm ssion)  a. COUNTY  CLATE
(IVL)	MARYLAND STATE M.D. 6. COUNTY A.A. CO.
d + p	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
In E	JESSUPS 1 JESSUPS
illed sage rs at	d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
A 4. 6. 6. 7	3. NAME OF First Middle Last 4. DATE Month Day Year
Sp. Cut	DECEASED CADALY
an property of the property of	S. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IPUNDER   YEAR   IF UNDER 24 HRS.
a pund	WIDOWED DYORCED MAY 25, 1905 So yrs. Hours Min.
Cian Cian	10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	SALES MGR. BICUIT . Co. MD.
s de la ph	13. FATHER'S NAME
deal ding plea	FRANK L. KNIGHT MARY J NORTON
the salter salt.	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  Address  [Yes, no. 99 Unknown] [Ifyosgivewarordatosofservice]
that the that the that	18. CAUSE OF DEATH (Enter on y one cause per the (or (a), (b), and (c),)
iciar iciar by by or re	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
ohys phys sit p sit p	
nog in sign transfer matrix	Corditions, if any, which Detable level & Cardis-Vas. Disease 244.
end: beer beer crei	gave rise to immediate ceuse (e), staling the underlying DUETO
r affir affi	causa lest.
al a	PART II. OTHER SIGNIFICANT CONDITIONS CONFRICUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A JTOPSY PERFORMED?
SIC Displication of the control of t	YES NO .
is ce for u	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  O (If EITHER, NOTIFY MEDICAL EXAMINER)
の マック 5 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20c. TIME OF INLURY Month, Day, Year , 20d. INJURY OCCURRED   20s. PLACE OF INLURY (Home, form , 20f. (City or lown) (County) (State)
After After of F	Hour e.m. While Not While factory, street, office bldg., etc.)
Se di control de la control de	21. I certify that (I) (this Apspital) attended the deceased from 195.7 to Maly 20, 1921, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P	saw the deceased slive on
Sho Sho	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
# 4 T T T T T T T T T T T T T T T T T T	A.D. PHYS. DIRECTOR PHYS.
PITA Page Page With	22c. PHYSIC AN'S Frank F Stilley WA DDRESS Franks & Md. 7/23/6
Chor, Legal	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
A G G G G	REMOVAL SPORT 7-24-61 MEAROWRIDGE CEN. ELERIDGE M.D.
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	Tirley-Cavarang & F. H Calorevelly Ma DATE JUL 27'61   Ciriling & Krus

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
h 72m	7	7518 CERTIFICATE OF DEATH 07509
hours after y the funera and 2 should	VI)	1. PLACE OF DEATH  A COUNTY Arundel  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissing to the country arunded as STATE waryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ed within 24 bly filled in b prs. Pages 1 hours after	X	Linthicum Heights d. NAME OF HOSPITAL OR INSTITUTION (Finor in hospital, give street address)  Andover & Maryland ave., P.O. Pox 230  Rurel, Linthicum Heights d. STREET ADDRESS  Maryland Ave., Near Andover Rd.   STREET ADDRESS  Maryland Ave., Near Andover Rd.   No    S. NAME OF First Middle Last   4. DATE Month Day Year
pape 72		DECEASED (1yps or print) Joseph (Joe) Knox DEATH July 2, 1961 19
Tarbon and co		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  8. DATE OF BIRTH  9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HI Hours Mir Hours Mir Hours Mir
h certifical physician se remove n any eve		10s. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if ratirad)  Longshoremen  13. FATHER'S NAME  10s. WIND OF BUS NESS OR INDUSTRY   11. BIRTHPLACE (County & Stata, or foreign country)  Alabama  U.S.A.
at the deather a strending. Then plear toval, and i		Unknown  T5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Address  (Yas, no, or Jinkown) (Ifyasgivawarordalasofserv ce)  21.3-16-4105  Julia Knox Haryland Ave. & Andover Rd.
The law requires the attending physician, as been signed by It burial-transit permit, all, cremation, or ren	A.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, 'F any, which gava rise to immadiata causa (a), stairing the undarlying causa last,  (c)  Conditions of the undarlying causa last,  (c)
YSICIAN: hospital or certificate h use as the prior to bur	C	PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO 20a. ACC DENT WAS UNDERLYING 1 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Part II of tram 18.) OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 1 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Part II of tram 18.) UNDERLYING 1 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Part II of tram 18.)
rDING PH ned by the After this detached for		UR CONTROLL EXAMINER)  UR EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Place of Injury a.m. 4 work at wor
TAL OR ATTEN 9e 4 may be retain RAL DIRECTOR 19ge 3 should be continued be continued be continued by the state of the continue of the conti	1	21. I certify that (i) (this hospital) attended the deceased from
TO HOSTI A de Para VI (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)  Burial  7/6/61  4t. Auburn  ADDRESS  Charles A. Rice 661 N. Barre St.  23c. NAME OF CEMETERY OR CREMATORY  Baltimore, Maryland  25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DAULI 1 2'61  Outlook & Control of Communication of Co
		The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) a. COUNTY b. COUNTY iles. MARYLAND e. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate lights) write RJRAL and give neerest town ARUNNE ON A FARM YES 1 NAME OF DATE Month Day DECEASED OF (Type or pont) 5. SEX 9. AGE (In years , FUNDER 1 YEAR) , MARRIED NEVER MARRIED last birthday) Months | Days DIVORCED [ 10s. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Idabelle, Okla automatic machines Salesman PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Riggs Roland C. Laden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT OMrs. Vera Moseley Laden Takoma Pk 18. CAUSE OF DEATH [Enter only one cause per line for (at. (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the undarlying PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) 2De EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20f. (Clty or town) (Stata) factory, streat, office bldg., atc.) While Not While Hour a.m. at work of work 21. I certify that I took charge the remaine described above, held an Autopsy Inspection 🛂 Inquiry and in my opinion Ö Homicide Undetermined manner death resulted from Suicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22a. BURJAL, CREMATION, - BEMORAL ISpecifich Geo. Washington Cemetery Pr.Geo.Co., Maryland burial 0 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE Wash.DC AUG 2 VS. A15ME S.H.Hines Co.,2901 Luth St. arthur & Kraus 5M 7/59 DATE

YLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH THE PAPP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY director. Page or your files. and of Health, Anne Arundel Maryland Baltimore County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) Linthicum hours Baltimore 22 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS Boar a. IS RESIDENCE jor ON A FARM? retained to State B Martin Co. Office Building 207 Parkwood Rd YES NO NAME OF Middle A. DATE Month Year DECEASED OF (Type or print) DEATH Herbert Larrimoze 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED with 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH may 2 wit lest birthdey) Hours WIDOWED DIVORCED [ 10a. USJAL OCCUPATION (Give kind of work I 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pipe fitter Rockhall.Md. USA pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wiiliam R. Larrimore Barbara Margaret Frost 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) permi Yes. World War # 2 Mrs. Lilian M. Larrimore 213-07-7874 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), ( INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMED, ATE CAUSE (a) Sudden DUF TO should Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cremation. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? 28 NO T edical т 20a. EXTERNAL CAUSE WAS 20b. DESCR,BE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm 20f, (City or town) (State) (County) fectory, street, office bldg., etc.) ! While Not While at work at work rded to the ECTOR: P. gent, prior t 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 17 Inquiry 🔽 and in my opinion Natural causes X death resulted from. Accident Suicide Homicide Undetermined manner forware L DIRI CHIEF MEDICAL EXAMINER should be forwer FUNERAL DI ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert, M.D. NAME Type) Glen Burnie . Md. Address (Street, city town or county) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore National Cem. TO 7-28-61 Catonsville. Md. burial ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME. . T Ullrich Funeral Home, Dundalk, Md. Chilling S. Firmes

DYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate kmits, write RURAL and give neerest town) Write RURAL and give nearest town) Annapolis Annapolis Pages d. NAME OF HOSPITAL OR INST.TUTION (if not in hospital, give streat address) (Dead on arrival) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 136 Riverview 3. NAME OF DATE DECEASED OF (Typa or print) DEATH George 19 61 and co 16. COLOR OR RACE 7. MARRIED XX NEVER MARR ED B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR) IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED Male White 68 10s. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? donarduring most of working life, even if retirad) U.S. Maffyland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME N U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown); (Ifyasgive war or dates of sarvice) 18 CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSE AND SEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gava risa to immadiate cause DUE TO (a), stating the undarlying causa last. PART IL OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19, WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW NUJRY OCCURED, (Enter natura of in ury In Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work ...., and that death occured at ... ... M, from the causes and on the date stated above. 22b. DATE MED. SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS Cathedral St., Annapolis, CREMATORY 23b. BURIAL, CREMATION, 123b. 23d. LOCATION (City, town or county) (Slala) 0 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 15M 9/60 arthur S. Throne 2 6 '61

RYLAND STATE DEPARTMENT OF HEALTH



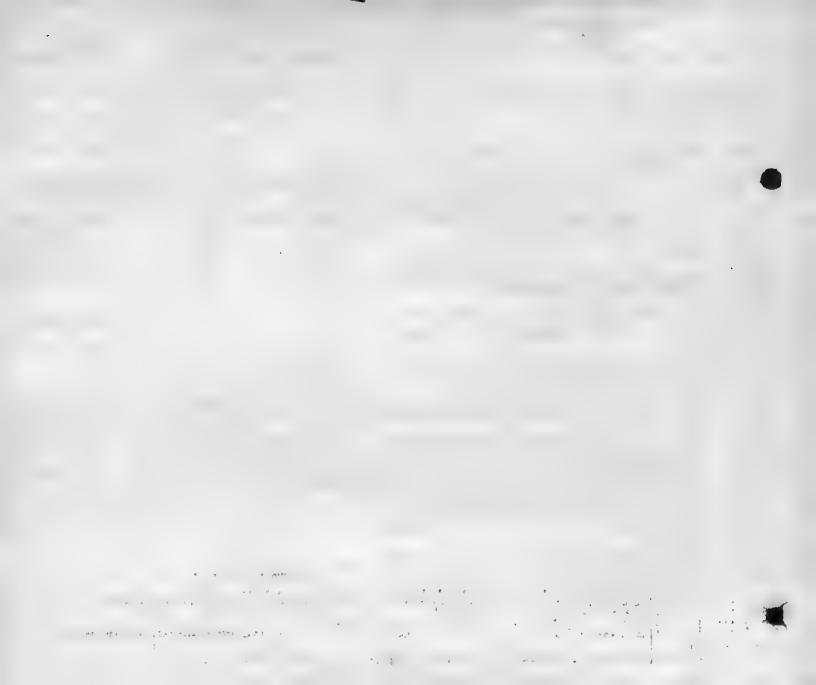
ARYLAND STATE DEPARTMENT OF HEALTH



			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
			7524 CERTIFICATE OF DEATH 07515
s after funeral should			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
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4 ho by th and death			b. CITY OR TOWN (1 outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (1 outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town)
d in 24		_	Baltimore lyn. Imalday Catoniville
vithir Fiffec	3/6	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, invertical address)  Crownville State Hospital  On FARM?  204 Wintert 72ne On FARM?
ely i	,	3.	NAME OF First Mindle Last 4 DATE Month Day Year
pape 72			DECEASED [Type or print] James W. Lowman DEATH July 29, 1961
Con Con Vithiu		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH, 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.
and and carl		L.	N WIDOWED DIVORCED 7/28/1870 90 yrs.
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cert ohys r rem any	-	13	FATHER'S NAME
ing please	I	1)	William Burbott Elizabeth Louman
e de de tend		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
at the le at The The		111	s, no, or unknown) (lifyesgivewarordatesofservice) none Medical Records
th the sign.			IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  ONSEL AND DEATH.
quir hysic hed l if pe n, o			IMMEDIATE CAUSE (a) TREGET ( QL CAV C
w re properties			Conditions, if any, which (b) CVA
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r affer affer has le bu			causo last. (c) General Arlerio iclerosist Piabeles mellitus 14845
IAN alola ate thas o bu		CATION	PART II. OTHER SIGNIFICANT COND. TIONS CONTR. BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON GIVEN IN PART ((a) 19, WAS AUTOPSY PERFORMED)
SIC ospit artifica ise a	1	FICAL	Chronic Brais Syndrome apposited with General arterials of the man 18]  200 ACCIDENT WAS UNDERLYING . 1 20b. DESCRIBE HOW MURY OCCURED, lenter nature of injury in Part I of I rem 18)
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retail OR: be d			21. 1 certify that (I) (this hospita.) altended the deceased from
Page Suld	- 1		saw the deceased alive on 9 1 1/9. D., and that death occurred and M, from the causes and on the date stated above
OR may DIR 3 sh			ATTENDING MED. STAFF SIGNEE  ATTENDING MED. S
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Page NERI			Crownille State Hospital
		23	BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (Special)
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	1 1	+t	ems 18-21 Film 293 MARYLAND STATE DEPARTMENT OF HEALTH
	1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE		7525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07516
	BEALTH DEPT	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)
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			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS    O. IS RESIDENCE
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	dead d 3 with with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
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	N THE COMPANY		Cook Demonsorana and A
	hour Bes 1	13	FATHER'S NAME
	Give P Give P Tile pa		Konald & Markey Edith Landren
	FE SEE SE		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17 INFORMANT
	¥ 20 € ×	· [ [	(es, no, or unknown) [(fyesg.ve.warordetesotservice)] Range of S. Marting Dichard Dichard
	witer with per	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
	executed if in Item long with ansit per nd In an		PART I. DEATH WAS CAUSED 8YI IMMEDIATE CAUSE (a) Drowning
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	ould b		7, 0
	should should should so Office a buria		geve rise to immediate cause
	ding ding as a	- 1	(e), stelling the underlying DUE TO
	fica smir sed		Causa last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c), 19. WAS AUTOPSY
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		CERTIFICATI	Acute alcoholism  20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)
	the wedical should ale created		PRIMARY Or CONTRIBUTING
	E 한 k m 등	- 1	I DAMA CI ORICA
	Chie	WEDICAL	20e. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (State)  FOLHOUM XXXX 7/30/61   Market, office bidg., atc.)
	EXA	A.	7/30/19 61 at work at work to Harbor Anne Arundel. Md.
	* 0 5 O U	7	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion
	MEDICAL 1 te the certifica forwarded to L DIRECTO ated agent, pr	7	death resulted from. Natural causes . Accident X. Suicide . Homicide . Undetermined manner
	DIC OUTC		CHIEF MEDICAL EXAMINER
	A SO D		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
	Pocut be f be f gna		ASSOCIATE PATROLOGIST
			REMAMINER'S NAME (Type) Peter W. Rieckert, M.D. Addrass (Street, city, town, or county)
	Se explosid	2:	TO BURIAL, CREMATION, 226. DATE THEREOF 226. MANUAL (Specify) (State)
	240	1	Durial 1-5-61 Holling Wreen Hula Ja,
	н н	1 2	FUNEBAL DIRECTOR ADDRESS 246. REGISTRAR'S SIGNATURE
	VS. A1SME SM 9/60		Villiam Lease 4/- Cingra Med DATEAUG 7 '61 arthur & thrown
	שות אוש	1	



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARVIAND
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s after funeral should			PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fived, finish, COUNTY	tution: Residence bafora admissio
the funda 2 sh	M	/	Anne Arundel Maryland  CITY OR TOWN (if outside corporate limits, write RU  LENGTH OF STAY IN 1b  C. CITY OR TOWN (f outside corporate limits, write RU	Anne Arundel
24 Tan	,		Annapolis Annapolis	
rithin Pages rs afte	ر عاد		I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	IS RESIDENCE ON A FARM
A S. L			ne Arundel General Hospital 201 S. Southwood Ave	Day Yes NO
200 S			DECEASED	- 45 /
x o c u		Ĭ	Helen MARA July	20 1961 UNDER 1 YEAR; IF UNDER 24 HRS
ba and carbo			Idai Dirinday) I (L)	onths Days Hours Min.
in all e ca		1		1 12, CITIZEN OF WHAT COUNTR
incia nov			a during most of working life, even if retired	U.S.
cert shys rer any	~	13	House wife own home New York  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	0.5.
ng p	1	1	7	
age nation	1	15	Maxwell Ochs Was deceased ever in u.s. armed forces? 16 soc.al security no 17. Informant Address	
the after French			, no, or unkown) (Ifyasgivewarordatesofsarvica)	
hat inov		١,	ne no Unknown Mr. Marcus S. Marx Husband  18. CAUSE OF DEATH [Entar on y one cause per line for ,a) (b) and (c')	same as # 2
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The tten s be surial			(a), stefing the underlying DUETO	6-41
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IAN tal cate cate as ti	0	100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT POT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
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E e C a d				), 19.6.1, that (I) (ICA) Is
A be be suld after			saw the deceased alive on . July 20, 1961., and that death occurred at	d on the date stated above
PER STATE			228. SIGNATURE  ATTENDING MED. STAFF	JZB. DATE
# 4 H e	)		M.D. PHYS. A DIRECTOR PHYS. L	7/21/61
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7 0		234	REMOVAL (Specify)	
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
	*	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  07513	)
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G 18		RIVIERA BEACH  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), a ve street eddress)  d. STREET ADDRESS  d. STREET ADDRESS	ACH
filled in Pages			FARM?
etely apers. 72 h		3. NAME OF DECEASED (Type or print) JOHN WILLIAM MC GUIRE DEATH JULY 17 20/	13
oon p		(Type or print)  OHN  OLY  19 (  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR   IF JNDER 2  lest birthdey) Months   Days   Hours    Never Married Never Married   Nev	24 HRS.
e carl		MALE WHITE WIDOWED DIVORCED JUNE 25, 1907 59 yrs. Months Days Hours 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE, County & Stete, or foreign country) 12. CITIZEN OF WHAT CO	Min.
ysicia remov		WORKER-SANITATION BALTO, CO. MARYLAND USA.	
ing pl	I	JOHN J. MC GUIRE ELIZABETH A. OHLER	
attend Fren pl		15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Hyperglive were deles of service) 213-01-7875 HA  FAMILY  RECORDS	
an. y the nit. T		18. CAUSE OF DEATH [Enter only one cause per line for (a , ,b , and (c).]	
hysici ned b it per n, or		IMMEDIATE CAUSE (6) CEREBRAL / ASCULTAR MCCIDENT	
Jing p en sign I-trans ematio		Conditions, if any, which 7 (b) ARTERIOSCHEROTIC CARDIO VASCULAR PISEASS 5 YEA	1215
attenct as be berial buria		geva risa to immediate cause (a), stating the underlying causa last.	
tal or cate h as the to bur	e,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AL	RMED?
hospi certifi r use prior		YES N  20e. ACCIDENT WAS UNDERLYING NOTIFY ACCIDENT WAS UNDERL	NO P
er this ned fo			State) —
ined by Affectach		Hour e.m.  While Not While factory, streat, office bldg., etc.)  p.m. 19 st work et work	
CTO CTO Id be		21. 1 certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1966, that (I) (v saw the deceased alive on 1966, and that death occurred at A.M., from the causes and on the date stated	<del>vo)</del> lasi labove
may b DIRE DIRE show	1	22a. SIGNATURE ATTENDING MED. STAFF	DATE
RAL Nage 3		22c. PHYSICIANS NAME TYPE:  1 PHYS. 2 DIRECTOR PHYS. 1  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS	144
Con Parished A Land		238. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C.ty, Jown or county) (516)	ate)
		BURIAL DIRECTOR'S SIGNATURE ADBRESS OF THOLIC (EM. LONG GREEN MI	).
VR A15 (4) 15M 9/60	,	24 FUNERAL DIRECTOR'S SIGNATURE ADBRESS ADBRES	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	11		7530	CERTIFIC	CATE OF DEATH		Reg. Dist. No. 075	21
Wit of	17	1. PLACE OF DEATH			2. USUAL RESIDENCE (Whe	re deceased lived. If in	Hilution: Residence before admission	1
the funeral director, should be filed with		o. COUNTY Ann	e Arundel	MARYLANE	II A STATE	ь. cou		,
eral be f	- N	b. CITY OR TOWN (IF RURAL ond give nec	outside corporate fimits, w	rile c. LENGTH OF STAY IN 1			rite RURAL and give nearest town)	
5 P	IM:	Millersv			Growns	ville		
the		d. NAME OF HOSPITA	AL (If not in hospital, give s	lreet address)	d STREET ADDRESS		e. IS RES DE	
4 P	74		Nursing Home		none		ON A FA	
5 5 F	1-41	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month Day Yeo	· r
200		(Type or print)		ELLA H M	EADE	OF DEATH July	14 19	61
200		5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In )		
3 Set 5		Felame	White win	OWED KK DIVORCED	June 7, 1961	lost birtho	yrs. Months Doys Hours	Mn
physician and camplet remave carban papers.		10a. USUAL OCCUPATIO	N (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT CO	DUNTR
and c ban p		House wi	."	Own Home	Baltimore	. Md.	USA	
a rate		13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
Sicio Ne o			Unknown		Unknow	n		
physician amave car			IN U. S. ARMED FORCES?  f yes, give wor or dates of service)	16. SOCIAL SECURITY NO 17	INFORMANT		Address	
e a		no	ne	none M	r. Edward S. Sc.	had- same	as # 2	
attending n please re within 72		1B. CAUSE OF DEAT	H [Enter only one cause p	per line for (o), (b), and (c),	PAI	)	- INTERVAL BETW	EEN
all		PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Their.	Lelen P	Melling	elly ONSET AND DE	HIA
The The		422.	DUE TO		I am T	7 6		
ا با ا		Conditions, if on		all ral	15ed ane	wucle	were wen	4
pern		gove rise to im			Ga	10 -	.0 -	
nsit in		lying couse lost.	(c)	Challe UC	receir !	renen	ue 1	
ysiciar been transi	de la constante de la constant	PART II. OTHI	ER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AU	
ng ph le has burial-		3					YES N	
ding off by		20a. ACCIDENT WAS OR CONTRIBUTING I U (IF EITHER, NOTIFY A	UNDERLYING 1 206.	DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Pa	ort I or Port II of item 18	)	
ifice The			MEDICAL EXAMINER)					
		20c TIME OF INJURY		Od INJURY OCCURRED 20e 7/hile Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)	20f. (City or town)	(County)	(Stole)
this in		p. m.		work of work				
of for		21. I certify the	at I attended the dec	edsed from Jimus	1961,19	UU/4, 19	() that I last saw the de	cease
he has R: Aft tached	į.	alive on	ye 30,	26 , and that dec	th occurred at 4		es and on the date stated	
det det			千.()。	0.0		DORESS (Street, city or )		SIGNE
DIREC original		ACTUAL SIGNATURE	leur	municipal	100 9110 ale	efter (	hel	
		PHYSICIAN'S	P.1 . P. A	11.				
5 7 4 5		NAME (Type)	Febus F. G	rwinberg MD	Odenton,	Maryland		
N H CO		220 BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	wn, or county) (Stote)	
Po S	11	Burial	July 17,61	. Baldwin Memo	rial	Millersvi	lle. Md.	
NC 416 ( 1)	11	23 FUNERAL DIRECTOR'S	1 1/2	ADDRESS		BY REGISTRAR 246.	REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 10/57		Hopping Fuf	neral Home	Annapolis, Mo	date Jl	IL 1 8 '61	Cilling S. Krana	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before edinission) . COUNTY is necessary, director, Page e. STATE 6. COUNTY files. Anne Arundel Maryland

c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest lown, MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 any de ay is neces a funeral director. for your Baltimore 26
d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp ta, 9 va straal address) Baltimore 26 d. STREET ADDRESS Boar . IS RESIDENCE ON A FARM? retained to State B death, YES NO V 458 Carvel Wieland Cove Carvel Beach Beach 3. NAME OF DECEASED Middle 4. DATE Yeer JERRY OF (Type or print) DEATH Jeery Lee Moon July 4 ficate should be executed within 24 hours after death pelluding" in pencil in Item 18, Give Pages 1, 2, and 3, aminer's Office along with form PM3. Page 5 may be sed as a burial-transit permit. File pages 1 and 2 with 11 mor removal, and In any event within 72 hours after 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years but birthday) Monthel Days Hours WIDOWED DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) None .Pupil Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gordon Leroy Moon Violet Willetta Rollins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordetes of service) Parents None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia due to drowning IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which Examiner's ( gave rise to immediate cause **DUE TO** (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? pe YES IN NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS Page 3 PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Found drowned Chief age 3 AFDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED- 20e. PLACE OF INJURY (Home form 20f. (City or lown) (County) (Steta) fectory, street, office bldg., etc.) While Not While 1961 Water et work at work 1.1:30xaac Anne Arundel 086 21. I certify that I took charge of the remains described above, held an Autopay X. Inspect on Inquiry and in my opinion should be forwarded to FUNERAL DIRECTO death resulted from. Natural causes Actiden Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Petty 7/5/61 EXAMINER'S NAME (Type) Address (Street, city, lown or county) 22. BURIAL, CREMATION,, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 7 22d LOCATION City, town, or country! (Steta) REMOMAL (Specify) b 0 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Ciriling S. Thous VS. A15ME 5M 9 60



. 1			MARYLAND STATE DEPARTMENT OF HEALTH	
and the same	4		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
	1		7539 CERTIFICATE OF DEATH	07523
affer			PLACE OF DEATH 2. USUAL RESIDENCE (Where deces	sed lived, if institution, Residence before Admission)
the funda should be should			Anne Arundel MARYLAND . STATE Maryland	b. COUNTY
and the	TAT)		write RURAL and give searcest town)	e limits, writa RURAL and give nearast town)
2 = 2	TAI		_ Crownsville / Mo. 10 days. 1321+imove	
if hir illed 'age			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
A 2 5 €	017	1	Crownsville State Hospital 2824 Bake	YES NO H
27 Special	, ,		DECEASED VI. 00:	Month Dey Year
Por n			(Type or print) WICLIAM HENRY MOSS DEATH	July 29 19 6/
and carbo		3.	M A/ NAKKIED NEVER MAKKIED 2 6-/18/1905	GE (In yeers IF UNDER 1 YEAR! IF UNDER 24 HRS. ist birthdey) Months Days Hours Min.
cate ian ve c		10a	. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE [Count & Stele, or fore	
ysic smo	_	""	during most of working life, even if relired)	U.S.A
ph ph sere	/ T	13.	FATHER'S NAME 10	
ding ding pleas nd ir	( 1	1)	Allen Moss Eva E	. I hompson
iten Hen en F		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. no. or unkown) (ifyesgivewarardelesofsery ce)	Address
at H			yes 8995 Medical K	ecord
s the ian. y the mit.			1B. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
uire ysici yd b per per			PART I. DEATH WAS CAUSED BY: Heart Failure	
phy phy igne igne Hon			304X DUETO	
law ding en s I-tra ema			Conditions, if any, which (b) CVA	
The then the then the then then then then			geve rise to immediate cause [e], steting the underlying DUETO	1.1.1.01 (03
r at has he be			) (c)	, aled with Cerebral Hyterisis
IAN al o		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
STC Spirition	M	ICAT		YES NO
HYN ne ho is ce for u	1	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. [Enter neture of injury in Part I or Pert II of OR CONTRIBUTING CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	item 18.)
Seed than		ایا	20c. TME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF NJJRY (Home, ferm, 20f. (City or	town) (County) (State)
Affe letach of H		MEDICAL	Hour a.m.  While Not While fectory, street, office bldg., etc.	, , , , , , , , , , , , , , , , , , , ,
COR.			21. I certify that (I) (this hospital) attended the deceased from	, 19, that (I) (we) las
A S D P P			saw the deceased a ive po	
Short Short			22a. SIGNATURE ATTENDING MED.	STAFF 22b.\DATE
147° =	/		11 DE 1 WI I CI C. M.D. PHYS. DRECTOR D	PHYS.
ITA age RA Page vith	3		22c. PHYSICIAN S NAME (Type)	1. 1. Han 1
i o			consider ac used	HU LAND
Tiect to the state of the state	1 4	238	DENOVAL (Familia)	ON (City, fown or county) (Stele)
5.55.9	1		BUTIAL BALL COM. BALT	
VR A15 (4) 15M 9/60		24	7 1 0 M 1 0 M 1 All 6 3 '61	R 25b. REGISTRAR'S SIGNATURE
10/11 7/00	,	1	D. Willen Jour 1000 Brankey HURIDATE HUND	



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7533 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY and a b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata timits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 and give neerest town? Riviera Beach .도 filled d. STREET ADDRESS ITAL OR/INSTITUTION (if not in hospite), give street address) a. IS RES DENCE ON A FARM? 245 Glenwood Road. YES NO Month DECEASED OF DEATH (Type or print) 8 FUNDER I YEAR 5. SEX 9. AGE (In yeers IF UNDER 24 HRS 6. COLOR OF 7. MARRIED NEVER MARRIED ast pirthday) pue Months Days Hours WIDOWED DIVORCED physician IDe. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or fore on country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chemical Eng. Gas& Elec Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .0 Ē Anna M. Jackson Benjamin C Neat and affendi 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [ (If yes give were redetes of service) Neat 245 Glenwood Road Rivera Beach Φ Esther M. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and Š ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) gove rise to immediate couse DUE TO (a), steting the underlying certificate has to use as the bur PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? DESCRIBE HOW MURRY OCCURED. (Enter nature of injury in Part I or Part II) OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this school be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) S 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While MEDI et work at work 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on. 22b. DATE SIGNATURE ATTENDING PHYS. DIRECTOR ADDRESS 22c. Phillician's 23c. NAME OF CEMETERY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF State! REMOVAL (Spacify) 0 7.19.61 Co.Md. Buria Glen Haven 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 130 El Fort Ave Balto 30 Md. DATE JUL 1 8 '61 15M 9/60 McCullvCirchay S. Minus

law requires that the death



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND **CERTIFICATE OF DEATH** 7534 neral directar, be filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY COUNTY MARYLAND deoth. funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) shauld d. NAME OF HOSP TAL (II not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First 4. DATE Middle Lost Month Day DECEASED OF DEATH (Type or print) wilhin COLOR OR PLACE 7-MARRIED NEVER MARRIED AGE (in years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 ARS B DATE OF BIRTH 9 Months Days WIDOWED 1 DIVORCED JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond 72 13. FATHER'S NAMI physician within 8 remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending edse death CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** ģ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **burial-transit** een PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation. ڡٞ hos 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of miury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) factory, street, office bldg, etc. Hour o. m. While Not while ot work ot work p. m. 21 I certify that (1) (this hospital) attended the deceased from that (I) (we) lost þ sow the deceased alive on , and that death accurred at M, from the couses and an the date stated above DIMICTOR: 220. SIGNATURE MED DIRECTOR M D. PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) HOSPITAL 23a BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY DOCATION (City, town, or county) REMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 256 REGISTRAR'S SIGNATUR 25o. REC'D BY Chillen d. DATE IN ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

Hours

Year

PERFORMED?

(Stote)

22b DATE SIGNED

YES NO



			YLAND	STATE DEPA	RTM	ENT OF HEALT	H-BAL	TIMORE, 1	8		
		7535		CERTII	FICA	TE OF DEAT	Н		Reg. Di	st. No.	7526
	COUNTY	Anne	Arunde.	L MARYL	AND	2 USUAL RESIDENCE (W o. STATE Frien		d lived If institution MARYCAND		A/A.	odmission)
b. (	CITY OR TOWN ( RURAL and give n Friend		limits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		rate limits, write RL	IRAL and	give neore	st town]
d, I	NAME OF HOSPI OR INSTITUTION	TAL (If not in hospite	al, give street	address)		d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO
DEC	ME OF CEASED pe ar print)	Bessi	First	Middle E		Padd <b>y</b>	4. DATE OF DEATH	Mont July	4	Day	Year 1961.
5. SEX	F	6. COLOR OR RA	WIDOW				379	9. AGE (In years last birthday) 82 yrs.	Months	Doys	UNDER 24 HR Hours Min.
	Dom	ON (Give kind of wo king life, even if reli estic	ork done 10b. ired)	Housewife	INDUS	try 11. Birthplace (Stote Maryl:	or foreign co	ountry]	12. CII	U.S.	WHAT COUNT
13. FA1	Rober Rober	t Birckh	ead			14. MOTHER'S MAIDEN	NAME Le Fow	ler			
{Yes, no	AS DECEASED EVE b, br unknown)	R IN U. S. ARMED I (If yes, give wer or dates		SOCIAL SECURITY NO.	17. 11	Formant Edna Paddy		Addre F		dship	, Md
		TH WAS CAUSED B IMMEDIATE CAUS DUE iny, which mmediate	(b) Gr			sufficiency riesclerosis				ONSET	VAL BETWEEN
CATION	ying cause last. PART II. OT					NOT RELATED TO THE TERM			N IN PAR		WAS AUTOPS PERFORMED? 'ES NO [2
		ly Manth, Day,		Not white	20e. PLA foci	CE OF INJURY (Home, farmary, street, office bldg., etc	n, 20f. (City	or town)	(1	Caunty)	(Stat
AC SIG	TUAL CHATURE	nat I attended to 14/61.	the decease 12 time			1	A.M. fran	61 19	nd on t		
N/		Emily H.		Too NAME OF COME	Tem con	Lethian		A.A		Mary	land
RI	urial, crematic emoval (Specify) Burial			Friendsh			L .	rion (City, town, or dship, A		Co	(State) Md.

24a. REC'D BY REGISTRAR

DATE JUL 1 0 '61

24b. REGISTRAR'S SIGNATURE

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/55

11/



11 1 1	MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
X in A	7536 CERTIFICATE OF DEATH 07527
s after.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed l'ved, f nstitution; Res'dence before edm ssion)  e. STATE  b. COUNTY  b. COUNTY
5 204 11	Anne Arundel Maryland Maryland Anne Arundel
y and the property of the prop	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
hin 2	Annapolis   2 mos. 10 da   RURAL - Annapolis   d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   d. STREET ADDRESS   e. 15 RESIDENCE
AND SECTION AND SE	Anne Arundel General Hospital 1877 Highland Dr. Edgewater, Md. VES NO KK
2 hours	3. NAME OF Fish Middle Last 4 DATE Month Dey Year DECEASED
or Person	(Type or print) John PETRELLO DEATH July 20 19 61
be be and of with	last bithdey! Months Days Hours Min.
an a	Male White WIDOWED DIVORCED Aug. 19, 1904 56 yrs.     100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUS NESS OR INDUST: 11, BIRTHPLACE, County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ysici gemov yy ev	done during most of working life, even if retired
ath cease relations of the all	13. FATHER'S NAME
B Ford B	Dominic Petrello  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  Address
the e atten	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)
that in. the	No None Unknown Mildred H Petrello Same As #2  [18. CAUSE OF DEATH (Enter only one ceuse per I no for (e) (b) and (c).]
vires sicia d by pern or i	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneushbria Onse weeks
requirements in the physical states in the ph	1:3X DUETO P
ding een al-tra	Conditions, if eny, which (b) Carcinoma of rung C Multiple
The atter as be as but but ial, c	(e), stelling the underlying DUE TO metastases to bone of skein
AN: ate hate h	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART 1,6 19. WAS AUTOPSY PERFORMED?
Spite Spite Se as	YES NO Y
HY is cell for u	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1,8 19. WAS AUTOPSY PERFORMED?  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of nury in Pert I of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   USE CONTRIBUTING   20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of nury in Pert I of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   USE CONTRIBUTING   20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of nury in Pert I of Item 18.)
bed the death	
DIN Ped Aff etac of F	20c. TIME OF INJURY Month, Day, Yeer 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C'ty or town) (County) (Stete)  Hour e.m.
De opt.	21. I certify that (I) (kinchopoist) attended the deceased from May 10,, 1961, to July 19, 1961, that (I) (Wex last
AT PECT	saw the deceased alive on July 191961, and that death occurred at
S Show	226 SIGNATURE  ATTENDING  ATTENDING  MED.  STAFF  S GNED  PHYS.  DIRECTOR  PHYS.
AL AL AL IN the	22c. PHYSIC NY'S
Pag HER HER J wil	NAME (Type) Dr. Willard Smith Shadyside, Md.
File File	23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  ROWL I Specify  Bladensburg Maryland
O P P P P	Burial 7/24/61 Fort Lincoln Bladensburg Maryland  24 Funeral Director's Signature Address 250. Rec'd By Registrar 25b. Registrar's Signature
VR A15 (4) 15M 9/60	11. M. Chambers Co 5/7 /1 St. S. E DATE JUL 2 4 '61 arilles S. Trans
	The file of the same of the sa



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7537 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before admission) I. PLACE OF DEATH a. COUNTY Anne Arundel Anne Arundel 42 d MARYLAND and c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) b. C.TY OR TOWN (if outs de corporete .imits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO X Silopanna Road 3. NAME OF 4. DATE Month Yeer DECEASED OF (Type or print) DEATH Lula POSEY July AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED XXNEVER MARRIED S. SEX B. DATE OF BRITH lest birthdey) | Months Days Hours WIDOWED [ DIVORCED Feb. 16, 1894 Female White 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS, NESS OR INDUSTRY, 11 BIRTHPLACE, County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. House wife own home Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bruce H. Kelly Selma Raden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR IY NO (Yas, no, or unkown) | (Hyesg vowarordatesofservice) husband # 17. INFORMANT വ John Ellis Posey husband same as S # 2 18. CAUSE OF DEATH Enter only one couse per I ne lor He ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral hemorrhage due to hypertension davs returnelenous Conditions, if any, which gave rise to immediate causa (a), steting the underlying PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20e, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW NIJRY OCCURED. [Enter neture of in ury in Part I of Item 18] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., atc.) While Hour a.m. et work at work saw the deceased alive on ... July 22 190 L , and that death occured at ...... M, from the causes and on the date stated above. 1:10 P.M. 226. DATE 22a, SIGNATURE S. GNED ATTENDING STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS Cathedral St., Annapolis, Md. 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 0:58 Hillcrest Cemetery .... Annapolis, Md. July 25,61 Bur ial 24 FUNERAL DIRECTOR'S S.GNATURE 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE . ADDRESS VR A15 141 DATE JUL 2 7 '61 arthur S. Thous 1SM 9/60 Annapolis, Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH WITH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed a. STATE **b** COUNTY MARYLAND erol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be (URAL and give nearest tawn) should ministro d. NAME OF HOSPITAT WI not in haspital, give street oddress; d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM 25 YES NO NAME OF DECEASED 4. DATE Middle Month Day Year DEATH death (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS OLOR OF RACE 7 MARRIED NEVER MARRIED PATE OF BIRTH 9 AGE (In years last pirthday) Months Doys Hours DIVORCED [ WIDOWED Y USUAL OCCUPATION (Give kind of work dune 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dering most of working ife, every if retired) ouse ban 2 13 FATHER'S 14. MOTHER'S MAIDEN NAM 500 physician .5 with remove IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (If yes, give war or dales of service) attending CAUSE OF DEATH [Enter only one couse per line or (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) 15 / X DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? has YES I 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) certificate buriol, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while of work of work 21. I certify that (I) (this haspital) attended the deceased from Po 196 ond that death occurred of \_M, from the couses and on the date stated above sow the deceased alw DIRECTOR: 220. SIGNATURE 22b DATE 5 GNED ATTENDING & MD. DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d, ADDRESS hou page 3 the Stat 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF GOMETERY OR CREMATORY 23d LOCATION (City, fown, or county) MOVAL (Specify) 3 24- FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 25a. RECID BY REGISTRAR Cirthur S. Kinus 15M 9/59

death.

within

death

HOSPITAL



DEATH 7539 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Whata daceased I vad, If institution, Residence before admiss on) a COUNT b. COUNTY by the and 2: death. MARYLAND b/CVTY OR TOWN (if outlide corporate lim ts c. LENGTH OF STAY IN 16 c. C.TY On TOWN (If butsida corporata timits, write RURAL and give nearest town) ģ write RURAL and gy garasi fown) .5 d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ON/(if not/in/ hosp tal, give street eddrass) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Midd e DECEASED DEATH (Typa or print) COT and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. 9. last birthday} Months Days WIDOWED DIVORCED physician 10a, USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fa, aven if retirad) 13. FATHER'S MAIN 14. MOTHER'S MAIDEN-NAME ding ₲ 15. WAS DECEASED EVER IN-U.S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17, INFORMA (Yas, no, or unkown) (Ifyasgiyawarordatasofsarvica) ø 18. CAUSE OF DEATH (Enter only one cause per lyne INTERVAL BETWEEN for (a), (b), and (c) ģ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed **DUE TO** Conditions, if any, which has been gava rise to immadiata causa DUE TO (a), stating the undarlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate PERFORMED? NO YES 200 ACCIDENT WAS ENDERLY NG LOR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any In Part I or Part I of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached 2Da. PLACE OF INJURY (Home, farm, I 2Dd. INJURY OCCURRED 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.) Whila Not While Hour aum at work at work 19 attended the deceased from i 21 I certify that (I) (this hospital) the deceased al . . , and that death occured at from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR M D **AQDRESS** 22c PHYSICIAN'S 22d. NAME (Typa) ER 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stala) REMOVAL (Spacify) 0 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 61 15M 9/60

death certificate be execute

law requires that the

RTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY MFALTIL DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) Anne Arundel b. COUNTYAnne Arundel los. delay is necessary, Marvland MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURA» and give neerest town) funeral director. write RURAL end give neerest town) Jesaup month Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) for d. STREET ADDRESS Boa e. IS RESIDENCE ON A FARM? retained ne State E Old Jessup Rd Same YES NO PC death 3. NAME OF First Middle 4. DATE Month Year DECEASED OF with the (Typa or print) Wayne Edward Renfrow May July 32 DEATH 1961 Je 5 m. and 2 win. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR ! IF UNDER 24 HRS. Male White last birthday) Months May WIDOWED [ DIVORCED 10a. USUA. OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) Give Pages 1, 2, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New Albany, Indiana None US None pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Iloff Neal Renfrow Ruth Anne Coplin 0 ficate should be executed within form End 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. | 17. INFORMANT Address in pencil in Item 18. (Yes, ng. or unkown) (Ifyesgivewerordetes of service) permit. (Parents) ×ith × SP4 and Mrs. Iloff N. Renfrow No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Office along w burial-transit p INTERVAL BETWEEN SUDGER PART I. DEATH WAS CAUSED BY: Suffecation IMMEDIATE CAUSE (a) removal **DUE TO** Conditions, fany, which (b) geva rise to immediate cause Ю "pending DUE TO SP (a), steting the underlying Examiner 6 nsed causa last, on PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19. WAS AUTOPSY should be tial, crematic PERFORMED? Word Medical CERTIFICA NO 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTR BUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nigry in Pert I or Pert II of item 18.) writing the EXAMINER: between mattress and crib rail (7) ute the carrier set of the Chief of converded to the Chief AL DIRECTOR: Page 3 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown, 20c. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) Not While should be forwarded to the FUNERAL DIRECTOR. P el work at work K Home Jessup AA Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER X Gaustave Faubert Glen Burnie NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stota) REMOVAL (Specify) ₽40 g UNERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S VS. ATSME 5M 9.60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY b. COUNTY · MARYLAND . E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putsida corporate limits, write RURAL and give nearast town) write RURAL and g vy nearest fown) annapolis d. NAME OF HOSP JAL OR INSTITUTION ( Finot in hospital, give street address). YES NO 3. NAME OF DECEASED (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR ) IF UNDER 24 HRS. ast birthday) WIDOWED [ DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of work no life, evan if ratirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME Arthur John Rickenbacker Helen Lee Rose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 208. EXTERNAL CAUSE WAS 20b. DESERIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I of Part II of them 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, fath, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (Slala) factory, streat, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔽 Inquiry and in my opinion Accident death resulted from Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial 7/26/61 Ft. Lincoln Md. Colmar Manor, 40 23. FUNERAL DIRECTOR ADDRESS 248, REC'D BY REGISTRAR I 246, REGISTRAR'S SIGNATURE VS. AISME Hyattsville, Md. Francis Gasch's Sons DATE JUL 2 7 '61 arthur S. Thomas 5M 7/59



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 Z e	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ad br		Reg. Dist. No. (1533)
should cremoti		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE  D. COUNTY  MARYLAND
age 4	M)	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
of of v		MOSE HAVEN KOSF HAVEN
ector.	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Files of		3. NAME OF 44 1 Sint 4 Middle 101 1 PAYS Mark
in ec a	A.A.	13. NAME OF DECEASED (Type or print)  Abraham Rose Month Day Year OF DEATH  Abraham Rose DEATH  Abraham Rose Month Day Year OF DEATH
e de la companya de l		S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your STEIN) IF UNDER TYPE IF UNDER 24 HRS.
Fined the		MALE WHITE WIDOWED DIVORCED TULLY 9 1889 ATT yrs. Months Days Hours Min.
and 3		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. VIRTHER (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  SUPERUISON  WESTAUTAUTHMUSINESS OF INDUSTRY  12. CITIZEN OF WHAT COUNTRY?
2 2 2		13. FAJHERIS NAME 14. MOJHER'S MAIDEN MAME
s 1.	(T)	Solomon Rose Sarah DENDICT
ge E		IS WAS DEFFASED EVER IN HIS ARMED EXPENSES THE SOCIAL SECTION NO. 117 AMERICAN
File		(100, 100, or william) (If yes, give war or doing of service) you cloth Rose, Rose Haven a a long
M3.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVALIBITIVE NO. ONSE AND DEATH
7 18 Per		PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) Collection Collection
Iter h fo		· 4.4 DUE TO
i i v		Conditions, if eny, which to gove rise to immediate cause
penci along buriol		(c), sloting the underlying DUE TO
fice o		
s Offi		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES
pen ineri		# 200. EXTERNAL CAUSE WAS _ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Fxam	V	
he wo		Oc TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  While Not while of work of work
Wed age		21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry . and find that
ief /		death resulted from Matyral causes . Accident . Suicide . Hamicide . Undetermined cause .
cate, vithe Ch		
ifical the second secon		SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
AL L		ASSISTANT MEDICAL EXAMINER [
de d		- EXAMINER'S F. LINGRICOLF. DEPUTY MEDICAL EXAMINER T-6-61
	5	22g EURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, fown, or county) (Stole)
1 2		23-FUNESAL DIRECTOR'S SIGNAURE / CAPPESS A 240. REC'D BYREGISTRAR / 1/46 REGISTRAR'S SIGNATURE
S ATSME(S)		Home My Jayloroas Chmakolos Ma. 11 10'61
SM 9/55		DATE OF CITAL J. Trans



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmiss on) Anne Arundel e. COUNTY b. COUNTY Maryland MARYLAND b. CITY OR TOWN (it outs de corporate limits, c. CITY OR TOWN (If autside corporate l'mits, write RURAL end give neerest tow write RURAL and give neerest town! Baltimore Crownsville days d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Crownsville State Hospital 6020 Belle Grove YES NO 3. NAME OF DECEASED William (Type or print) Rose DEATH 1967 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Months Days Male 1Da. USUAL OCCUPAT ON (G've kind of work 10b. K ND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Caunty & Siete, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Maryland 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please Unknown George Rose Susie Ann 15. WAS DECEASED EVER NU.S. ARMED FORCES? 27 STEETERS TO. (Yes, ng, ar unkown) (If yes give wer or deles of service Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for tel, (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Chronic Congestive Heart Failure IMMEDIATE CAUSE (6) DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if any, which geve r'se to immed'ele ceuse DUE TO (e), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome Assoc. with Arteriosclerosis 2Db. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Pert I or Pert II of Item 18.) 2Do. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df., (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stelle) factory street, office bldg., etc.) While Not While el work el work 21. I certify that (I) (this hospital) attended the deceased from. . saw the deceased alive on... DIRECTOR PHYS. ROWNSVILLE (Stele) 238 BURIAL, CREMATION. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur S. Frank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admiss on) e. COUNTY b. COUNTY Anne Arundel by the and 2 death. MARYLAND rryland e mimiel b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If cutside corporata limits, write RURAL and give nearast town) write RURAL and give nearest town) Days Annapolis 2, OVG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital, Annapolis, Ad. YES NO 3. NAME OF DATE DECEASED OF (Typa or print) DEATH laur- 'A' CTT 19 6/ 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months WIDOWED [ DIVORCED r'enale attending physician then please remove 16a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if ratirad) ourcwife Alabama 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2. and .atie IY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordatasofservice) the arv 18. CAUSE OF DEATH (Entar only one couse per ine for (a), (b) and (c) ) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) cava risa to immediata causa OT 1UC (a), stating the underlying TED TO HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20s. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 21, I certify that (I) (this hospital) attended the deceased from 7 July 19.61 to 10 July 19.61, that (I) (we) last saw the deceased alive on... ... LU...LULY...19 QL., and that death occured Q.: L.M. from the causes and on the date stated above. 22b, DATE SIGNED ATTENDING PHYS. M.D. 22c PHIS CIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL. CREMATION. | 236 DATE THEREOF REMOVAL (Spacify) REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Ciriling S. Flines 15M 9/60

I AND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH					
			DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE	1, MARYLAND		
5.			7545 CERTIFICATE	OF DEATH	07536		
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Xec ii			(ypa or print)	SELIMAN DEATH July	6 1961		
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h ce		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
the death strending phen please rat, and in	(I)	<i>l</i> 15.	was Deceased ever IN U.S. ARMED FORCES? no, or unknown) (Illyasgiva war or dalas of servica)	Rosie Elizabeth Naylor			
hat the mov			18 CAUSE OF DEATH (Enter only one cause per line for (a)n, b, and (c) ]		INTERVAL BETWEEN		
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AT COL			saw the deceased alive on July 6, 1961, and that				
OR may DIRE 3 show he Star	İ		228 SIGNATURE CERCE M	ATTENDING MED. STAFF PHYS. K DIRECTOR PHYS.	226. DATE S GNE		
Page / ERAL	ž		PHYSICIAN S NAME (Typa) Dr. A. T. Allen	62 Cathedral St., Annapo	lis, Md.		
des Frances		238	BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY C				
H	,	24	UNERAL DIRECTOR'S SIGNATURE ADDRESS		TRAR'S SIGNATURE		
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CERTIFICATE OF DEATH  Reg. Dist. No. 7537  1. PLACE OF DEATH  O. COUNTY  O. C	76			MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
O. COUNT    De County   De Cou	A. W	1-	1	CERTIFICATE OF DEATH	Dist. N. 07537
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		MARYLAND STATE DEPARTMENT OF HEALTH				
1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND		
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ay ay IIRE Short	1		220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNE		
DEO SE	- /		MD. PHYS. DIRECTOR PHYS.	7/17/61_		
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ဦးစီဦး <u>စီ</u> နှ		-	FUNDAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	RAR'S SIGNATURE		
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1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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after after		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before adm s a. COUNTY	(non)
20 67		Anne Arundel MARYLAND MARYLAND Maryland Anne Arundel	
t ho		## CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ## C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
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fillek Page urs a		Anne Arundel General Hospital	SW3
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te b carl		Male   Negro   WIDOWED   DIVORCED   7-13-61	
ifical iciar iciar eve		B. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTY one during most of working life, even if refired)	TRY?
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s the ian.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART . DEATH WAS CAUSED BY.  ONSET AND DEAT	
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PITA Page Pag with		22c. PATS, CAN'S James I. Hudson, Jr., M.D. South River Medical Center, Edgewater,	44
of total		3 BLIGIAL CREMATION, 123b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
A GEO GEO		REMODERAL JULY 15. 1961 ADAMS CHAPEL LOTHIAY, MD.	
VR A15 (4)	1	ADDRESS A VESA REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
15M 9/60		TA Hardesty + SON Galesvelle M. Heart JUL 19'61   Ciriling S. Kinns	
		1400.00	



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7549 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if institutions Residence before admission) e. COUNTY b. COUNTY by the and 2 death. Maryland Anné Arundel MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearast town) write RURAL and give neerest town) Annapolis Annapolis Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 601 Oaklawn Ave. YES NO Y Anne Arundel General Hospital 3. NAME OF 4. DATE elbbiM Month DECEASED OF DEATH (Typa or print) Thomas 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR last birthday Months WIDOWED DIVORCED | Jan. 27-1894 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR . NDUSTRY | 11. BIKIHPLACE . ounty & Stat or roreig country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Loborer - Beaches Marvland 14. MOTHER'S MAIDEN NAME Harriet Owens 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (Ifyasgive war or datas of service) Harriet Gant-601 Oaklawn Ave. Anna Mc 18. CAUSE OF DEATH [Enter only one c. UM MEDIATE CAUSE (a) gava risa lo immadiate cause (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTACUTING TO DEATH BUT NOT RELATED TO THE TER 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I or Part I of Itam 18.) 2Da. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, straet, offica bldg., atc.) While Not While Hour a.m. 21. I certify that (I) (docks select) attended the deceased from..... June 14,..., 19.61, to .......July.... 16 1961, that (I) 600 last saw the deceased alive on...... July 16, 1961., and that death occured at ...... M, from the causes and on the date stated above. SIGNED DIRECTOR 22d. ADDRESS NAME (Type) R. L. Richardson 110 Clay St., Annapolis, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY Chapel . Maryland 25a. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DRECTOR'S SIGNATURE VR A15 (4) C.E. Hicks Annapolis, Maryland 15M 9/60 IDATE JUL 21 '61 arthur & Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 07541 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH o. COUNTY Health, MARYLAND b. CITY OR TOWNLY outside c. LENGTH OF STAY IN 16 STREET ADDRESS e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? 4. DATE OF NAME OF Mi ddle DECEASED (Type or print) DEATH 196 9 AGE (In years / IF UNDER TYEAR 7. MARRIED KI NEVER MARRIED 1 8. DATE OF BIRTH Months WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) ETHMIC 13. FATHER'S NAME 15. WAS DECEASED EVER N.U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gove rise to immediate couse **PUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURPED (Enter noture of injury in Port I or Port II of Item 18.) Month, Doy, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (Stote) factory, street, office bldg., etc.) Not while of work of work p m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], apinion death-resulted from: Natural causes N. Accident ... Suicide . Homicide . Undetermined manner DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) BUR A. CREMATION | 226 DATE THEREOF 22d, LOCATION (City, fown, or county) 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

5M 2/57

Cathur & Krans

DATELL



**CERTIFICATE OF DEATH** 7551 Reg. Dist. No. 07542 director, ited with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) filed o COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN [If oulside corporate limits, write RURAL and give nearest town] RURAL and give nearest lown) Weems Creek) Annapolis Weems Creek. Annapolis d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? OR INSTITUTION 631 Ridgley Ave. . 631 Ridgley Ave YES NO T NAME OF DECEASED First Middle 4 DATE Month Yeor OF SUSAN AUSTIN BILLINGS TEEPLE (Type or print) DEATH JULY 16 19 6] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthdoy) Doys Hours Female White WIDOWED A DIVORCED [ Nov. 30. 1866 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) House wife own home carban Brooklyn, N.Y. USA 8. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Punderson Ballings Ann Eliza Kuykandall remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address no Mrs Ernest E. Brooks, Daughter none Same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ortero sclava IMMEDIATE CAUSE (o) DUE TO Generalized artemosclerisis Conditions, if ony, which gove rise to immediate DHE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPS CERTIFICATION PERFORMED? YES NO 🗷 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Ø. m. While Not while of work of work 21. I certify that I attended the deceased fram. . 1962 that I last saw the deceased and that death accurred at 12 M, fram the causes and an the date stated abave PHYSICIAN'S Dr. Edith Rodler NAME (Type) 45 Franklin Street, Annapolis, Md. 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Buris (Specify) ulv 20.196 Brooklyn. N.Y. Evergreens Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Withur S. Frank DATE JUL 2 1 Funera Home 15M 10/57 annanolis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE		7552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67543	
HEALTH DEPT.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admiss	· · · · ·
SB .=		a. STATE Manual b. COUNTY	HOTH
essary,		MARILAND MALE ALUMET	_
S C C C C C C C C C C C C C C C C C C C		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
[ NE \$ 2.2.	<b>'</b>	Epping Forrest Epping Forrest	
IVE E		d. NAME OF HOSPITAL OR INST.TUTION (if not in hospital, give street address)  d. STREET ADDRESS  ON A FAR	
del ted		River View Trail River View Trail	
Stain	3.	NAME OF First Mights Last 4. DATE Month Day Year OF	
The de		(Type or print) EDITH MARGARTA THIEL DEATH JULY 2h 19 61	
3 to 3 to ith the after	<b>5.</b>	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 H	IRS
md 3 may 2 with a urs a	1	Female White Whowshill Days Hours M.	п,
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hou age 3. P	13.	1- ATHER'S NAME HOME NEW YORK CITY 4. S. A	
M P P P P P P P P P P P P P P P P P P P		Nuc Epicon Fair	
E E E E	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	
18. Ta 19.		(as, no, or unkown)   (Ifyasgivawarordatasofservica)	
red with sern any	= -	MOBERT L. IHIEL	
Sit of Fig.		18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	
cil alou ran and		MMEDIATE CAUSE (a) Rhounatic Heart Disease with Mitral and Aortic	_
T Den		7 U XXXXXX Valvular Stenosis.	
Par Por Por Por Por Por Por Por Por Por Po		Conditions, if any, which (b)	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gave rise to immediate cause (a), staling the undarlying DUE TO	
cate or day	Ш	course lest. (c)	
"pe Xan Se long	18		SY
s ce all E be mat	151		
E 종류필링 ♂~	1.5	PERFORMED YES X NO. 1	
		TES NO 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.)	
Medishout should	CERTIFICATION	YES X NO    20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.	
INER:			<u> </u>
KMINER writing the Chief M Page 3 sh to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele) Hour e.m. Wh'le Not Whila factory, street, office bldg., etc.)	<u> </u>
KMINER writing the Chief M Page 3 sh to burial		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour e.m. Wh'le Not While at work at work 19 at wor	
L EXAMINER icate, writing if to the Chief M OR: Page 3 sh prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) factory, street, office bldg., etc.)  21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry , and in my opinion.	
IAL EXAMINER rifficate, writing if ed to the Chief MCTOR: Page 3 short, prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour e.m. Wh'le Not While at work at work 19 at wor	
DICAL EXAMINER e certificate, writing if arded to the Chief M RECTOR: Page 3 sh agent, prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 at work at work at work at work at work and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .	
WEDICAL EXAMINER to the Certificate, writing if forwarded to the Chief M. DIRECTOR: Page 3 shated agent, prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Place of Injury) (Stele) According to the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner	on .
TX MEDICAL EXAMINER scule file certificate, writing if be forwarded to the Chief MAL DIRECTOR: Page 3 shippinged agent, prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stele) while at work at work at work Industrial section at work Industrial section Inquiry Inqui	on .
TX MEDICAL EXAMINER scule file certificate, writing if be forwarded to the Chief MAL DIRECTOR: Page 3 shippinged agent, prior to burial	3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) while at work at work at work at work at work Accident Suicide Homicide Undetermined manner Assistant medical examiner Assistant medical examiner Assistant medical examiner DEPUTY MEDICAL EXAMINER The property of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion Inquiry, and in my opinion Assistant medical examiner DATE SIGNATURE Assistant medical examiner DEPUTY MEDICAL EXAMINER The property of the proper	on .
FUTY MEDICAL EXAMINER sals execute the certificate, writing if should be forwarded to the Chief M FUNERAL DIRECTOR: Page 3 sh its designated agent, prior to burial	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED Wh'le Not While at work Accident Suicide Homicide Undetermined manner Accident Acci	on .
TX MEDICAL EXAMINER scule file certificate, writing if be forwarded to the Chief MAL DIRECTOR: Page 3 shippinged agent, prior to burial	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele)  Wh'le Not Whila at work at work at work at work at work Accident . Suicide . Homicide . Undetermined manner .  21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .  CHIEF MEDICAL EXAMINER . DATE SIGNATURE . SIGNATURE . ASSISTANT MEDICAL EXAMINER . 7/25/61  DEPUTY MEDICAL EXAMINER . 7/25/61  Address (Streat, city, town, or county)	on .
TO FUTY MEDICAL EXAMINER pleafs execute the certificate, writing if a should be forwarded to the Chief M TO FUNERAL DIRECTOR: Page 3 show its designated agent, prior to burial	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 at work at work at work factory, street, offica bldg., etc.)  21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  NAME (Type)  Charles S. Petty, N.D. Address (Street, city, lown, or county)  BURIAL, CREMATION, 22b DATE THEREOF  REMOVAL (Specify)  REMOVAL	on .
SULY MEDICAL EXAMINER should be execute the certificate, writing if should be forwarded to the Chief M FUNERAL DIRECTOR: Page 3 shifts designated agent, prior to burial	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 at work at	on .

MARYLAND STATE DEPARTMENT OF HEALTH



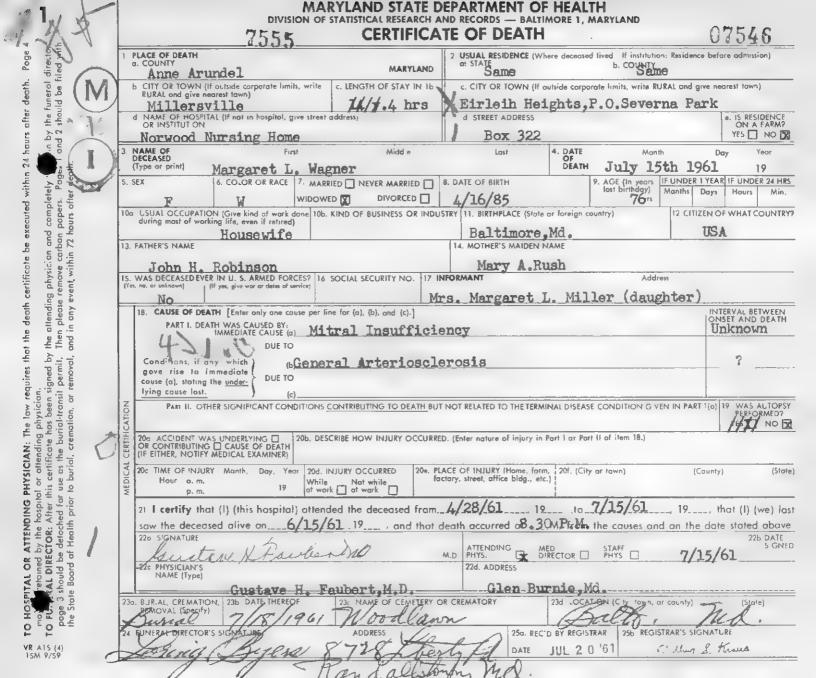
1	MARYLAND STATE DEPARTMENT OF HEALTH				
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  7553  CERTIFICATE OF DEATH				
(No		LACE OF DEATH	11 - Gryn 2717-01	To the state of th	stution Residence before edmission
		COUNTY	ERVLEND 2. OBOAL RESIDENCE	b. county	Man A 40
death		CITY OR TOWN (if outs de corporete limits, c. LENGTH C. write RURAL end give neerest town)	PESTA BI C. CITY OR TOWN I	outside corporete limite write R	URAL and give neerest own)
		NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, greating	auxo _ Alle	y tel	I . IS RESIDENCE
1 (		Din Dans 10 Children La	- select	0	ON A FARM? YES NO T
		IAME OF ECEASED	dle Last	DATE Month	Day Year
	5.	EX A COLOR OR RACE   7. MARRIED   NEVER M	HOMPSONE	PERTH William	UNDER I YEAR   F UNDER 24 HRS.
	5	Man de la companya de	ORCED 7 11-24-4	last (withday) yrs.	
	10e do	USJAL OCCUPATION (GW) kind of work during most if working life, even if retired)	SS OR INDUSTRY 11, BIRTHPLACE (County	y & State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY
		2011 CYLINT	14. MOTHER'S MAIDIN N	Xee -	U. 3. N.
		Turner T. THOMPS.	and de la	nknoron	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIO, or unknown) (Ifyesgivawerordelesofservice)	RITY NO. 17. INFORMANT	Address	
	·	18. CAUSE OF DEATH (Enter only one couse per line for (e), (b),	and (cf.)	. Do	A INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	along Insuffic	uncy - Sho	CONSET AND DEATH
, ·		473 X DUE TO PAUL		J	
		Conditions, if eny, which gove rise to immediate couse DUE TO	consistent		-
		couse lest. (c)			The state of the s
	TIO!!!	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	I IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES TO NO TO
mbr 1	CERTIFICA		JURY OCCURED, (Enter neture of injury in Pr	ert I or Pert II of item 18.)	
10,10		OR CONTRIBUTING [] CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)			70.
	MEDICA	Hour e.m. While Not While		, 2Df. (City or town)	(County) (State)
	~ '	21. I certify that (I) (this hospital) attended the dec		1939, 10 7-9	, 19.6/., that (I) (we) la
		saw the deceased alive on	/, and that death occured at 7.:	M, from the causes a	nd on the date stated above
×		Cololison W Pare	M.D. PHYS. D	RECTOR PHYS.	7-9-6 SIGNE
/		22c. PHYSICIAN'S NAME (Type) ADDISON W. DO	DE MID COCKESS	ile Stale	Hospilat
	23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME	OF GEMETERY OR CREMATORY	23d. LOCATION (C'ty, town	or county) (Stata)
^	1	unal 1/14/6/ St.	George	Welley Se	e md
1,	1/2	Charle Twallingler, Slone	sel town hid DATE JU	O BY REGISTRAR 7256. REGI	thun S. Kraua
	112	7-41	7	7	



	7554	CERTIFICAT	E OF DEATH		07545
<b>VI)</b>  _	PLACE OF DEATH  a. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate I m.ts,	MARYLAND	e. STATE Mary		Anne Arundel
	write RURAL and give nearest town?	c. LENGTH OF STAT IN ID		yside	CORNE OIL GIVE HEBISS TOWN
1	d. NAME OF HOSPITAL OR INSTITUTION (If not r Anne Arundel General		d STREET ADDRESS		IS RESIDE     ON A FA     YES \( \square\) NO
3.	NAME OF DECEASED (Type or print) first Alfred	Middle $\mathbf{D}_ullet$	Tubb	OF DEATH July 1	Dey Yeer 1961.
5.	Mala White	THE TEXT MARKIED	. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 I
do	77100	DWED DIVORCED DIVORCE		dus Ala.	12. CIT ZEN OF WHAT COU
I )	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) [((fyesgivewerordelesofservice)	16 SOCIAL SECURITY NO. 17 I	VLOID A	ay/e Address	. 1 1
7	18. CRUSE OF DEATH [Enter only one ceuse PART I. DEATH WAS CAUSED BY:	per line for (e), (b), end (c) ]	lary Louisd	Tuble Shady	SI de Md INTERVAL BETWE ONSET AND, DEA
	Cond tions, if eny, which geve rise to immediate cause (e), stehing the underlying cause lest.  IMMEDIATE CAUSE (e)  (b)  (b)  (c)	roncha pineumonic ouchagenic a lobe of lung obe of ine fas	arcinoma	of left upp left ventricle on	
ICATION	PART II. OTHER SIGNIF CANT COND TIONS	CONTRIBŮT NG TO DEATH BUT NO	OT RELATED TO THE TERMIN		N IN PART 1(a) 19. WAS AUTI PERFORM YES X NO
CERTIFI	206 ACCIDENT WAS UNDERLYING [] 206. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW NJURY OCCURED	, (Enter neture of Injury in P	errior ran jior nem is.j	
MEDICAL	Hour a.m.	20d, INJURY OCCURRED 20e PLA While Not While fact I work et work	CE OF INJURY (Home, ferm, lory, street, office bldg., etc.)	20f. (City or lown)	(County) (Ste
	21. I certify that (I) (this hospital) a saw the deceased alive on		Jan. 1	960 to July 1 50, from the causes a	
2	22c. PHYSICIAN'S NAME (Type)	mitt "	22d, ADDRESS	STAFF RECTOR PHYS.	7/14/6
R	e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7-13-6/	d Smith	OR CREMATORY	ide, Md. 23d. LOCATION (City, low)	desin Alaba
24	FUNERAL DIRECTOR'S SIGNATURE	Talegraille,	ud 250, REC	1 9 6 Cod	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH







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	MARYLAND STATE DEPARTMEN  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRE	ESTON STREET, BALTIMORE 1, MARYLAND
-	7557 CERTIFICATE OF DEA	ATH 07548
) 1.	1. PLACE OF DEATH  o. COUNTY  2. USUAL RE o. STATE	ESIDENCE (Where deceased lived, If institutions Residence before admission b. COUNTY
/ _	Tobacca American	TOWN (If outside corporete limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	TOWN (If outside corporate limits, write RURAL and give nearest town)
1-	Annapolis, Maryland  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET A	imore ~ / / is residence
	Anna Anna 1-3 C	ON A FARM?
	3. NAME OF First Middle Less	4. DATE Month Dey Year
	(Type or print) Raymond E. Yantz	OF DEATH July 2 1961
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		899 62 yrs.
11 d	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC	CE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
111	Salesman Automobile Ohio	
	Coomes C Wanta	
	George S. Yantz  Jeanne 15. Was deceased ever in u.s. Armed Forces?   16. Social Security No.   17. Informant	ette Smith
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	t R. Yantz 4502 Frederick Avenue
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, If any, which gave rise to immediate cause (e), stating the underlying ceuse last.  (c)	eart Discore 191
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED?
CERTIFICA	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	injury In Part I or Part II of itam 18.)
MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (H Hour e.m. p.m. 19 Above at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	
		ad a from the causes and on the date stated above
	220. SIGNATURE  ATTENDING PHYS.  220. PHYSICIAN'S  22d. ADDR	DIRECTOR PHYS. 7-2-6
	(MAME (TYPO) JAMES RIMARTIN AN	INAPOLIS, MD.
2:	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d. LOCATION (City, town or county) (Stete)
_	Removal July 5, 1961 Hillcrest	Cumberland, Maryland
3		25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Living S. Hand

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